



City Of Livingston

Building Department

1416 C St. Livingston, CA 95334

Phone: (209) 394-8041 ext.120

Email: buildingpermit@livingstoncity.com

Application Date: _____

Building Permit Number: _____

Application for Building Permit

(Must be complete, legible, and accurate)

Building Type <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Other _____	Project Type <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other _____	Water Heater <input type="checkbox"/> Like for Like <input type="checkbox"/> Tankless* <small>*requires gas or electric load calc</small>	Photovoltaic <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Panel Upgrade <input type="checkbox"/> Modules _____ <input type="checkbox"/> kW _____
--	--	--	--

Project Description: _____

JOB ADDRESS: _____ CITY: LIVINGSTON, CA 95334 A.P.N.: _____

LOT#: _____ USE: _____ OCCUPANCY: _____ PROJECT SQ. FT.: _____ VALUATION: \$ _____

Job Contact: _____ Phone:() _____ Email: _____

OWNER NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

CONTRACTOR: _____ **PHONE:()** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

CONTRACTOR LICENSE NO: _____ **CONTRACTOR CLASS:** _____ **CITY BUSINESSES LICENSE:** _____

EXPIRATION DATE: _____

APPROVAL REQUIRED FROM PLANNING DEPARTMENT

SUBDIVISION: _____ **LOT NO:** _____ **AREA:** _____

ZONE: _____ **# OF EXISTING BLDGS:** _____ **ENVIRONMENTAL EXEMPT:** _____

FLOOD CERTIFICATE REQUIRED : YES _____ NO _____ **FLOOD ZONE:** _____

SETBACKS: Front: _____ Side: _____ Rear: _____

COMMENTS: _____

APPROVED BY: _____ **DATE:** _____

PERMIT FEES

Building Permit	\$	City Impact	\$		\$
PME	\$	County Impact	\$		\$
Plan Check	\$	Planning	\$	Total	\$
SMI	\$		\$	Deposit	\$
Green Fee SB 1473	\$		\$	BALANCE DUE	\$

*Additional fees may be required. Contact the City for more information.

(office use only) **APPROVED BY:** _____

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

Signed _____ Dated _____

Print Name of Signer _____

License# _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# _____ Company _____

Certified copy is hereby furnished Certified copy is filed with the building inspection department

Applicant Signature _____ Dated _____

OWNER- BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Dated _____

CERTIFICATE OF EXEMPTION FROM WORKER' COMPENSATION INSURANCE

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature _____ Dated _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C)

LENDER'S NAME: _____

LENDER'S ADDRESS: _____

SIGNATURE

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: _____

APPLICANT OR AGENT SIGNATURE: _____ DATE: _____