



City of Alameda Permit Application

Staff will assign **PERMIT NO.**

FOR ALL TYPES OF BUILDING PERMITS

Use this form to apply for a building, electrical, mechanical, or plumbing permit.

THE APPLICANT MAY BE:

- A Licensed Contractor
- An Owner-Builder (all property owners who apply are "Owner-Builders")
- An Agent acting for the Contractor or Owner-Builder. See page 2 of this form to authorize an agent.

NOTE TO CONTRACTORS

You must complete the following:

- Licensed Contractor's Declaration and Information
- Worker's Compensation Declaration

Permit Center

2263 Santa Clara Ave,
ROOM 190
Alameda, CA 94501

Ph: 510-747-6800

PROJECT IDENTIFICATION All applicants must fill out this section

PROJECT ADDRESS:		Alameda, CA Zip:
APPLICANT Name:		
Address No.-Street:		City-State-Zip:
Email:		Phone:
* LEGAL OWNER (if different from Applicant) Name:		
Email:		Phone:
DESIGN PROFESSIONAL IN CHARGE if any		State License #:
Firm Name:		
Address No.-Street:		City-State-Zip:
Email:		Phone:
JOB VALUATION \$ _____ SPRINKLERS: YES NO USE: _____ OCCUPATION: _____		
If Job Valuation is under \$100,000, ask about Green Halo and all debris will be:		
Hauled by Alameda County Industries: 510-483-1400. If valuation is OVER 100,000 ask about Green Halo.	Self-hauled in fixed-body truck by applicant or employee performing work where waste removal is incidental to project.	
BRIEFLY DESCRIBE SCOPE OF WORK:		TOTAL PROJECT SQUARE FEET: _____

DECLARATIONS All applicants must fill out this section. Signature applies to both declarations.

A. WORKERS' COMPENSATION DECLARATION. WARNING: Failure to secure workers' compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, damages as provided for in Labor Code Section 3706, interest, and attorney's fees. I hereby affirm under penalty of perjury one of the following declarations:

Check only one box:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Labor Code Section 3700, for the performance of the work for which this permit is issued. My policy number is:
- I have and will maintain workers' compensation insurance, as required by Labor Code Section 3700, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy are:

CARRIER:	PHONE:
POLICY #:	EXPIRES:

c) 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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Labor Code Section 3700, I shall comply with those provisions.

B. DECLARATION REGARDING CONSTRUCTION LENDING AGENCY. I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Civil Code Section 3097). *If not using a construction lending agency, write N/A.*

LENDER'S NAME:
LENDER'S ADDRESS:

• SIGNATURE Licensed Contractor, Property Owner OR Authorized Agent

PRINT NAME

DATE

* The Applicant and Legal Owner, if different, are beholden to have a contract authorizing improvements to a property.

continued>

APPLICANT INFORMATION Fill out only the applicant section that applies to you.

A. LICENSED CONTRACTOR or AUTHORIZED AGENT AS APPLICANT

COMPANY NAME:		CONTRACTOR'S LICENSE:	
LICENSE CLASS:		CITY BUSINESS TAX:	

LICENSED CONTRACTOR DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Business and Professions Code Division 3, Section 7000 of Chapter 9, and my license is in full force and effect.

• SIGNATURE of Contractor OR Authorized Agent *agent must present photo I.D.* PRINT NAME DATE

B. OWNER-BUILDER or AUTHORIZED AGENT AS APPLICANT

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason checked below. Per Business and Professions Code Section 7031.5, any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the permit applicant to file a signed statement that he or she is either licensed (pursuant to Contractors' State License Law Chapter 9 Section 7000) OR that he or she is exempt from licensure and provides the basis for the alleged exemption. Any violation of Section 7031.5 by a permit applicant subjects the applicant to a civil penalty up to \$500.00. Check only one box:

a) I, as owner of the property, or my employees with wages as their sole compensation, will do () ALL or () PORTIONS of the work, and the structure is not intended or offered for sale. Per Business and Professions Code Section 7044, the Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.

b) I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. Per Business and Professions Code Section 7044, the Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed contractor pursuant to the Contractors' State License Law.

c) I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an Owner-Builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Business and Professions Code Section 7044, is available upon request when submitting this application or at the following website: <https://leginfo.legislature.ca.gov/>. I also certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

• SIGNATURE Owner-Builder OR Authorized Agent *agent must present photo I.D.* PRINT NAME DATE

C. AUTHORIZING AN AGENT TO BE THE APPLICANT To be completed by the Licensed Contractor or Owner-Builder

Check one: Licensed Contractor Owner-Builder

AGENT NAME: _____ PHONE #: _____

AGENT ADDRESS: _____

PROJECT ADDRESS: _____

FOR THE LICENSED CONTRACTOR WHO IS AUTHORIZING AN AGENT: I authorize the above-named person to act as my agent to apply for, sign, and file the documents required to obtain a building permit for the project at the listed address. I declare under penalty of perjury that I am the Licensed Contractor for the property listed at the above Project Address, I have filled out this section, and I certify the accuracy of the information provided.

FOR THE OWNER-BUILDER WHO IS AUTHORIZING AN AGENT: Except for the [Owner's Acknowledgement and Verification of Information Form](#) which is my personal responsibility, I authorize the above-named person to act as my agent to apply for, sign, and file the documents required to obtain a building permit for my property. I declare under penalty of perjury that I am the Property Owner at the above Project Address; I have filled out this section; and I certify the accuracy of the information provided.

• SIGNATURE of Contractor OR Owner-Builder *who is authorizing the agent* PRINT NAME DATE



CITY OF ALAMEDA
2263 SANTA CLARA AVENUE, ROOM 190
ALAMEDA, CA 94501

(510) 747-6800

Accommodations Request

If you need accessibility accommodations in an alternative or translated format, please fill out our [ADA request form](#) or contact ada@alamedaca.gov.