



**Building Permit Application Form**

This information is required pursuant to Section 19825 of the Health and Safety Code of the State of California.

**Part 1: Project Information & Description** Permit #: \_\_\_\_\_

APN: \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Process:  Paper  ePlan  
 Property Owner: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Licensed Design Professional (Architect or Engineer in charge of the project)**

Lic #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Licensed Contractor**

Lic #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permit Holder:  Property Owner  Licensed Contractor  TBD prior to Permit Issuance (plan review request only)

<input type="checkbox"/> Mechanical	Ret Wall (sf): _____	Tenant Improvement (sf): _____
<input type="checkbox"/> Solar	Deck (sf/hgt): _____	Remodel (sf) _____
<input type="checkbox"/> EV System	Trellis (sf): _____	Addition (sf): _____
<input type="checkbox"/> Electrical	Door/Win (#): _____	Single Family Dwelling (sf): _____
<input type="checkbox"/> Plumbing	Siding (sf): _____	Accessory Dwelling – ADU (sf): _____
<input type="checkbox"/> Pool/Spa/Tub	Sheetrock (sf): _____	Multi-Family Dwelling (sf/bldg): _____
<input type="checkbox"/> Sign	Reroof (#sqr): _____	Garage (sf): _____
<input type="checkbox"/> Other	Demolition (#): _____	Accessory Building (sf): _____

**Description**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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The preparer is legally responsible for signatures whether wet signed, typewritten, digital, or otherwise.

### Part 2: Identify who will Perform the Work

Permit #: \_\_\_\_\_

This permit is to be issued in the name of the Licensed Contractor or the Property Owner as the permit holder of record who will be responsible and liable for the construction.

Permit Holder: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete one of the following: 2A or 2B

#### 2A - California Licensed Contractor's 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, my license is in full force and effect, and I have the authority of the property owner to obtain this permit. Please be aware that the status of your license will be verified by County staff.

Signature: \_\_\_\_\_ Lic #: \_\_\_\_\_

Date: \_\_\_\_\_ Class: \_\_\_\_\_

#### 2B - Owner-Builder's Declaration

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s)

*Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9, commencing with Section 7000, of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).*

I, as owner of the property, or my employees with wages as their sole compensation, will do  all of or  portions of the work, and the structure is not intended or offered for sale.

*Section 7044, Business and Professions Code: 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, however, 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.*

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project  
*Section 7044, Business and Professions Code: 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.*

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, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

#### Property Owner or Authorized Agent Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Part 3: Identify Worker's Compensation Coverage & Lending Agency**

Permit #: \_\_\_\_\_

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.(3097 Civil Code)

Lender's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Identify Worker's Compensation Coverage*

**Warning:** Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000). In addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

I hereby affirm under penalty of perjury **one** of the following declarations:

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 Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy/Cert No.: \_\_\_\_\_

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_ Email: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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 Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**Property Owner, Licensed Contractor or Authorized Agent Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 4: Declaration by Building Permit Applicant**

By my signature below, I certify to each of the following:

I am a  California Licensed Contractor, or  the Property Owner\*, or  authorized to act on the property owner's behalf\*\*.

The information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the County of Santa Cruz is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of building permits as determined by the Planning Director. I understand that the County of Santa Cruz has attempted to request everything necessary for an accurate and complete review of my application; however, after County staff has accepted the application and reviewed it further, it may be necessary to request additional information, clarification, and/or plan revisions.

I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable County ordinances and state laws relating to building construction. I authorize representatives the County to enter the above-identified property for inspection purposes.

**California Licensed Contractor, Property Owner\* or Authorized Agent\*\* Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Submit form: Owner-Builder Acknowledgement – [PLG220](#)

\*\* Submit form: Owner-Agent Authorization – [PLG210](#)