



City of Beaumont  
Department of Building and Safety  
**BUILDING PERMIT**  
**CONTRACTOR**

Property Address:		Date:	
Assessor Parcel Number:		Lot Number:	<b>Valuation:</b>
Description of Work:			
Construction Type: <input type="checkbox"/> SFR <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family: ___ # Units <input type="checkbox"/> Commercial			
Property Owner:		HOMEOWNER'S ASSOCIATION, if applicable:	
Address:		Address:	
City:	State:	Zip:	City: State: Zip:
Telephone: ( ) -		Telephone: ( ) -	
Email Address:		Email Address:	
CONTRACTOR INFORMATION:		ARCHITECT/ENGINEER, if applicable:	
Name:		Name:	
Address:		Address	
City:	State:	Zip:	City: State: Zip:
Telephone: ( ) -		Telephone: ( ) -	
Email Address:		License Number:	Expiration Date:
State License Number:		Type:	Expiration Date:
Contractor's Workers Comp. Ins. Carrier:		Number:	Exp. Date:
Contractors City Business License Number:		Expiration Date:	
Contact Person:		Telephone: ( ) -	
<b>LICENSED CONTRACTOR'S DECLARATION</b>			
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 my license is in full force and effect.			
Contractor Signature _____			

## 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 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 No. \_\_\_\_\_

I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are: Name of Agent \_\_\_\_\_ Phone #: \_\_\_\_\_

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration 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.

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Signature of Applicant

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Date

## 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 (Section 3097, Civil Code).

Lender's Name: \_\_\_\_\_ Lender's Address: \_\_\_\_\_

By my signature below, I understand "Dig Alert (811)" is to be contacted and compliance with excavation safety in accordance with government Code 4216 will be followed prior to any excavation work taking place.

Property Owner/or Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature below, I certify to each of the following: I am the property owner or authorized to act on the property's behalf. I have read this application and the information I 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.

Property Owner/or Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_