

CONTRACTOR'S FORM

Property Owner's Name: _____ Assessor Parcel #: _____
Owner's Full Mailing Address: _____
Owner's Phone #: _____ Fax/E-Mail: _____
Contractor's/Company Name: _____
Contractor's Full Mailing Address: _____
Contractor's Phone #: _____ Fax/E-Mail #: _____
Contractor's State License #: _____ Expires: _____ County Business License #: _____
Architect or Engineer: _____ Phone #: _____
Full Mailing Address: _____
DESCRIPTION OF WORK: _____

WORKER'S COMPENSATION DECLARATION

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

- () **Exemption:**
I have and will maintain a certificate of consent to self-insure provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

- () **Worker's Compensation:**
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:

Carrier: _____ Policy #: _____ Expires: _____

WARNING: Failure to secure worker's compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000.00) in addition to the cost of compensation and damages as provided for in section 3706 of the Labor Code, interest and attorney fees.

- () **Lender:**
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 (Sec. 3097, Civ. C.).

Lender's Name & Address: _____

- () **No Lender**

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of Calaveras County to enter upon the above mentioned property for inspection purposes.

Signature of applicant/agent

Date