

File #: \_\_\_\_\_



**Monterey County Housing & Community Development** - Planning - Construction - Housing 1441  
 Schilling Place, South 2nd Floor, Salinas, California 93901-4527  
 (831) 755-5025

**SIMPLE PERMIT APPLICATION**

PROJECT ADDRESS		ASSESSOR'S PARCEL NUMBER
CITY	ZIP CODE	NEAREST CROSS STREET
OWNER NAME	TELEPHONE	EMAIL
ADDRESS	CITY, STATE, ZIP CODE	
CONTRACTOR NAME	COMPANY NAME	
ADDRESS	CITY, STATE, ZIP CODE	
TELEPHONE	EMAIL	
PROJECT DESCRIPTION		
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> DETACHED <input type="checkbox"/> ATTACHED                      NUMBER OF BUILDINGS: _____ VALUATION: \$ _____      MANUFACTURED HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> <b>REROOF:</b> EXISTING ROOF TYPE: _____      PROPOSED ROOF TYPE: _____ <input type="checkbox"/> REMOVE AND REPLACE <input type="checkbox"/> YES <input type="checkbox"/> NO      PLY THICKNESS: <input type="checkbox"/> 1/2" <input type="checkbox"/> 5/8" <input type="checkbox"/> _____ LAYER TYPE: <input type="checkbox"/> OSB <input type="checkbox"/> CDX      SQ. FT.: _____      WEIGHT PER SQ. FT.: _____      POUNDS      PITCH: _____ :12 NUMBER OF LAYERS: _____      ROOF CLASSIFICATION: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> NR      CCRC PRODUCT ID: _____ EXISTING COLOR: _____      MANUFACTURER PROPOSED ROOF COLOR: _____ MANUFACTURER NAME: _____ MANUFACTURER'S MODEL: _____		
<b>CONTRACTOR PLEASE INITIAL ONE</b>	_____, as the authorized contractor responsible for the project, will verify that the smoke detectors are installed in accordance with CBC Section 907.2.11 and are in working condition prior to final approval.  <u>Or</u> _____, as the authorized contractor responsible for the project, acknowledge that the smoke detectors will be inspected to verify that they are installed in accordance with CBC Section 907.2.11 and are in working condition prior to final approval.	
<b>OWNER PRINT AND SIGN</b>	I declare that I am the owner of the property and verify that the smoke detectors are installed in accordance with CBC Section 907.2.11 and are in working condition prior to final approval.	
_____	_____	_____
OWNER'S NAME PRINT	OWNER'S SIGNATURE	DATE
<input type="checkbox"/> <b>PLUMBING:</b> <input type="checkbox"/> WATER HEATER                      GALLONS <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE EXISTING TANK TYPE: _____      PROPOSED TANK TYPE: _____ NEW TANK MANUFACTURER: _____      NEW TANK MODEL NAME/NUMBER: _____ EXISTING FUEL SOURCE: _____      Existing BTUs/Watts: _____      Proposed BTUs/Watts: _____ REPAIR: <input type="checkbox"/> GAS LINE <input type="checkbox"/> WATER LINE <input type="checkbox"/> SEWER LINE		
<input type="checkbox"/> <b>MECHANICAL:</b> FAU CHANGE: <input type="checkbox"/> PROPANE <input type="checkbox"/> NATURAL GAS                      BTU		
<input type="checkbox"/> <b>ELECTRICAL:</b> <input type="checkbox"/> REPLACE EXISTING _____ AMP PANEL (200 amps max) <input type="checkbox"/> ADD/REPLACE                      CIRCUITS		

### Licensed Contractors 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 my license is in full force and effect.

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

License Class: \_\_\_\_\_ License Number: \_\_\_\_\_

### Worker's 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 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 is:

Name of Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ 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 worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Applicant Name

Applicant Signature

Date

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

#### For Office Use Only

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Permit Issued By: Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Valuation: \_\_\_\_\_ PC Fee: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

SMIP: \_\_\_\_\_ Zoning Fee: \_\_\_\_\_