

PLAN CHECK NO. _____

CITY OF HAWTHORNE
DEPARTMENT OF BUILDING AND SAFETY
 4455 WEST 126TH STREET, HAWTHORNE, CALIFORNIA 90250
 TELEPHONE NO. (310) 349-2990 • INSPECTION REQUEST LINE (310) 349-2994

BUILDING PERMIT NO. _____

APPLICATION TYPE: PLAN CHECK _____ BUILDING PERMIT _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, after improve, demolish, or repair any structure, prior to its issuance, shall also require the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom 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 the sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself, or through his own employees, provided that such 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 he did not build or improve for the purpose of sale).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)

I am exempt under Sec. _____ B&PC (Attach Certificate). Date _____ Owner _____

WORKER'S COMPENSATION DECLARATION

AB 3205 HAZARDOUS MATERIAL DISCLOSURE

I hereby affirm that I have a certificate of consent to self-insure, or a Worker's Compensation Certificate, or a certified copy thereof. Sec. 3800 Lab.C.

This project DOES _____ / DOES NOT _____ involve the use of or emission of chemicals listed as hazardous materials as referenced in Section 65850.2 of the Government Code.

Policy No. _____ Company _____

This project is not within 1000 feet of a school with grades K thru 12.

Certified copy is hereby furnished Certified copy is filed with the Department of Building and Safety

Signed (Owner's Representative) _____ Date _____

CERTIFICATION OF EXEMPTION:
 I hereby 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 Worker's Compensation Laws of California. Should I become subject to the provisions of the Worker's Compensation Law, I will forthwith comply with such provisions, or the permit will be deemed revoked.

JOB ADDRESS				SECTOR	Validation
APN - BOOK _____ PAGE _____ PARCEL _____				ISSUED BY	
LEGAL DESCRIPTION LOT _____ BLOCK _____				APPLICANT	
PLANNING/ZONING	TRACT	BLOCK	CODE	PVT	PUB
	CENSUS TR.				
	USE ZONE	GEN. PLAN DESIG.	REDEV AREA	AREA NO	
	SETBACKS FRONT	REAR	INT. SIDE	CORNER SIDE	
	BUILDING AREA	HEIGHT	LOT AREA		
	PARKING REQUIRED	PROVIDED			
	DWELLING NO. EXIST	NO. NEW	NO. DEMO	TOTAL	
	BLDG. USE EXIST	PROPOSED			
	OCC GRP	TYPE CONST	1-HR	FIRE SPRINK	NO STOR
	SQ. FT. EXIST	NEW/ADD DEMO	TOTAL		
CONSTRUCTION	SCOPE OF WORK				
	NEW	ADDITION	MOVE	DEMO	GRADING
	ACCESSORY	FILL-IN	ALTER	PATIO	SIGN
	REPAIR	SWIM POOL	MISC.		
	CONSTRUCTION MATERIALS				
	STEEI	CONCRETE	MASONRY	WOOD	MIX
	PROJECT DESCRIPTION				
	VALUATION				
	PERMIT FEE				
	ISSUANCE FEE				
SMIF FEE					
PLAN CHECK FEE					
ENERGY PLAN CHECK FEE					
HANDICAPPED P.C. FEE					
AB 3205 FEE					
MICROFILMING FEE					
TOTAL FEES					
PAID SUBMITTAL FEES					
TOTAL FEES DUE					
FEES	REGISTRATION				EXPIRES
	NAME				
	ADDRESS				
	CITY				ST ZIP
	PHONE NO.				
	STATE LIC. NO.				CLASS EXPIRES
	CITY LIC. NO.				EXPIRES
	NAME				
	ADDRESS				
	CITY				ST ZIP
PHONE NO.					
I CERTIFY THAT I HAVE READ THIS APPLICATION AND THE INFORMATION IS CORRECT, AND AGREE TO COMPLY WITH ALL CITY, COUNTY AND STATE LAWS RELATING TO BUILDING CONSTRUCTION. INSPECTION PERSONNEL SHALL BE AUTHORIZED TO ENTER THE ABOVE PROPERTY FOR INSPECTION PURPOSES.					
X SIGNATURE _____ DATE _____				X SIGNATURE _____ DATE _____	

THIS PERMIT SHALL BECOME NULL AND VOID IF THE WORK AUTHORIZED BY THIS PERMIT IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF ISSUANCE, OR IF WORK IS DISCONTINUED FOR MORE THAN 180 DAYS.