

## FACSIMILE TRANSMITTAL



TO: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

FROM: \_\_\_\_\_ NUMBER OF PAGES SENT: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

To have your permit processed via fax or mail, please complete the attached forms and be sure to sign each form in the appropriate places.

***Please indicate how you would like to receive your permit:***

Mail to me at: \_\_\_\_\_

I will pick up at the Building Department on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

The earliest your job could be inspected would be the day after your permit has been issued. Please call 925-960-4430 to schedule your inspection.

Incomplete applications will not be processed. Please complete and sign each form completely. If you have questions, please contact our office at the number listed above.

Job Address		Permit Number	
-------------	--	---------------	--

Description of work	
---------------------	--

**WORKERS' COMPENSATION DECLARATION**

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 worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- 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	
Policy Number	

Verified By:	
--------------	--

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

- 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 worker's 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.

Date:		Applicant:	
-------	--	------------	--

**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.**

**LICENSED CONTRACTOR'S DECLARATION**

I hereby affirm under the 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.

License Class		License Number	
Expiration Date		Contractor Signature	

**OWNER/BUILDER DECLARATION**

I hereby affirm under the penalty of perjury that I am exempt from the contractor's License Law for the following reason (Section 7031.5, California Business and Professions Code; Any City which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is a licensed contractor pursuant to the provisions of the Contractor's License Law (Chapter 9 (Commencing with Section 7000) of Division 3 of the B & PC) or that he is exempt therefrom and the basis for the alleged exception. Any violations of Section 7031.5 by any applicant for a permit subject the applicant to a civil penalty of not more than five hundred dollars (\$500.00).):

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, B & PC: 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 with one year of completion, the owner/builder will have the burden of proving that 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 (Section 7044, B & PC: The Contractor's License Law does not apply to an owner of contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).
- I am exempt under Section \_\_\_\_\_ B&PC for this reason:

Date:		Signature of Owner:	
-------	--	---------------------	--

**IMPORTANT**

Application is hereby made to the City of Livermore for a permit subject to the conditions and restrictions set forth on the front and rear faces of this application.

1. Each person upon whose behalf this application is made and each person at whose request and for whose benefit work is performed under or pursuant to any permit issued as a result of this application agrees to defend, indemnify and hold the City of Livermore, elected officials, officers, directors, employees, agents and volunteers harmless from and against any and all loss, liability, damage, including reasonable attorney fees and/or court costs, arising out of the performance of this contract, except for the sole negligence of the City of Livermore, its elected officials, officers, directors, employed, agents and volunteers.

**CONSTRUCTION LENDING AGENCY**

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3907, Civil Code).

Lender's Name	
Lender's Address	

I certify that I have read the attached application and state that the above information is correct. I agree to comply with all City and County Ordinances and State laws relating to the building construction and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes, my signature below constitutes signature of the permit when issued.

\_\_\_\_\_  
Signature of Owner or Contractor

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



### Application for Reroof Permit

**-For Office Use Only-**

Project Number: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Ready to Issue: \_\_\_\_\_ Total Fees Required: \_\_\_\_\_  
 Notified Applicant By: Telephone/Mail Date Contacted: \_\_\_\_\_

The following information shall be provided for review and approval prior to issuance of a permit for re-roofing

Job Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PROPERTY OWNER:**

**CONTRACTOR (If owner/builder, check here )**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

City/Zip: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

State License Number: \_\_\_\_\_ Type \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

New Roof: Type \_\_\_\_\_ No. of squares \_\_\_\_\_ Valuation \$ \_\_\_\_\_

Description: \_\_\_\_\_

Roof System Fire Classification: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ None \_\_\_\_\_

Basis for Roof System Approval if Applicable: ICBO ES# \_\_\_\_\_ U.L.# \_\_\_\_\_ ASTM# \_\_\_\_\_ FM \_\_\_\_\_ Other \_\_\_\_\_

Applied Weight of New Roofing Material per Sq. Ft.: \_\_\_\_\_

Will new roof plus existing roofing weigh more than 10 psf? Yes No

Will roof deck be used for an outdoor recreation area? Yes No

If yes, provide listing for approved material \_\_\_\_\_

How will COOL ROOF requirements be satisfied? \_\_\_\_\_

If new roof covering plus existing covering weighs more than 10 psf, provide engineering calculations

Anticipated Start Date: \_\_\_\_\_ Roof Slope \_\_\_\_\_

Existing Roof: Type \_\_\_\_\_ No. of Existing Roof Coverings \_\_\_\_\_

Will all the existing roof coverings be removed? Yes No If not, explain : \_\_\_\_\_

Will new sheathing be added? Yes No Over existing skipped sheathing Yes No

**CREDIT CARD PAYMENT OPTION – Mail to: \_\_\_\_\_ Will Pick-up Date \_\_\_\_\_ Time: \_\_\_\_\_**  
(Property Owner or Contractor)

AmEx VISA MC Card # \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ V-Code # \_\_\_\_\_  
(Last 3 Numbers on Back of Card, or for AmEx, 4 numbers on top right hand of card)

Billing Address: \_\_\_\_\_

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

**(Authorizes credit card payment of fees)**