



Building Permits & Inspection Division

General Information: (916) 875-5296
www.building.saccounty.gov

Table with two rows of address and hours information: 9700 Goethe Rd • Suite A, Sacramento 95827, M-F 8:30am-4:00pm; 827 7th St • Room 102, Sacramento 95814, M-F 8:30am-4:00pm

CONTRACTOR'S DECLARATION

Form with three rows: Property Address: Permit#, Name of Property Owner:, Work Description:

Please complete all applicable sections in the declarations below. This declaration is NOT a permit. A valid permit is issued when the complete application, plan documents and required information have been approved, all fees paid and acknowledged by the Chief Building Official.

LICENSED CONTRACTOR DECLARATION

This statement may be signed by the contractor or a corporate officer of a construction company, including President, Vice-President, Secretary, Treasurer, Trustee, Chairman of the Board, or Responsible Managing Employee (RME). An agent for the contractor may sign only if the Building Inspection Division has received a letter from the contractor authorizing the agent to sign. The person signing must list his/her title.

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.

License No.: License Class:

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

This section must be completed and available for public inspection during the regular business hours of the Authority. This is required so contact information is available for a claimant to give preliminary notice prior to filing a mechanics lien.

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.

Lender's Name: Lender's Address:

I hereby affirm under penalty of perjury that THERE IS NOT a construction lending agency for the performance of the work for which this permit is issued.

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.

This statement must be signed by the contractor, owner, tenant, lessee, or an agent of these. 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 the Labor Code, for the performance of the work for which this permit is issued.

Policy Number:

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:

Expiration Date: Name of Agent: Phone #:

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 the applicable Labor Code(s), I shall forthwith comply with those provisions.

Under Penalty of perjury, I declare that I have examined this entire declaration and to the best of my knowledge and belief, they are true, correct, complete and that I am the licensed contractor or authorized agent. I agree to comply with all county and state laws relating to building construction. I hereby authorize representatives of the County of Sacramento to enter upon the above-mentioned property for inspection purposes.

Print Name: Signature: Date:

Licensed Contractor Authorized Agent for Contractor

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