



Fax-In Residential Permit Application

Development Services Department
777 B Street Hayward, CA 94541
P: 510.583.4140 F: 510.583.3642

Processed Permit No.:

Date Processed & Staff:

Project Address: _____

Project Valuation: \$ _____ (This is fair market value of materials and labor)

Project Type: (Enter exact information in the boxes below in the right column for description of work)

ELECTRICAL SERVICE		ROOF		MECHANICAL	
NEW PANEL/PANEL UPGRADE		TYPE OF ROOF		A/C ONLY	
METER RELEASE ONLY		NO. OF SQUARES		FURNACE ONLY	
LIGHT FIXTURES/OUTLETS		TEAR-OFF or OVERLAY		WALL HEATER	
		PITCH		HEAT/AIR COND. UNIT	
		COLOR		DUCTLESS HVAC UNIT	
WINDOWS		PLUMBING		HOOD/VENT	
NO. OF WINDOWS		GAS TEST			
RETROFIT LIKE FOR LIKE		WATER PIPING		MISCELLANEOUS	
NEW LIKE FOR LIKE		WATER HEATER		TERMITE REPAIRS	
NEW (CHANGE IN LOCATION OR SIZE)*	Read Note	TANKLESS WATER HEATER			

*Please note: This is not available for fax submittals as this scope of work requires drawings; please come into the office.

Owner Name: _____ Phone: _____ Email: _____

Owner Address: _____

Contractor Name: _____

Email: _____ Phone: _____ Fax: _____

Contractor Address: _____

Hayward City Business License No.: _____ Expiration: _____

Credit Card: _____ Expiration date: _____

LICENSED CONTRACTOR'S 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.

License Class: _____ License No. _____

Expiration Date: _____

Signature of Contractor _____ Date _____

WORKERS' COMPENSATION

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

I have and will maintain a certificate for worker's compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued.

Carrier: _____ Policy #: _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in the 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 comply with those provisions

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Signature of Contractor or Authorized Agent: _____ Date: _____