

## APPLICANT PROJECT INFORMATION

## PERMIT APPLICATION

City of Hayward  
Development Services Dept.  
777 B Street Hayward, CA 94541  
510.583.4140



Project Name

Project Valuation

\$

Project Address

Project Description

  
  

### APPLICANT

Name

Phone

Email

Address

### OWNER

Name

Phone

Email

Address

### CONTRACTOR

Name

Phone

Email

Address

City Business License #

Expiration Date

## OWNER-BUILDER AUTHORIZATION

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.

Print Name of Applicant

Signature of Property Owner or Authorized Agent

Date

## CONTRACTOR DECLARATIONS

**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.**

**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 workers' 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 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

☐

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 forthwith comply with those provisions.

**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, my license is in full force and effect and I have the correct workers' compensation.

License Class

License Number

Expiration Date

Signature of Contractor

Date

**BASICS**

Permit

Master Permit

Date

Received By

BIN

**ROUTING**Owner/Builder  
Form Attached:☐ Y ☐ N

Structural

☐ 

Architectural

☐ 

Electrical

☐ 

Mech/Plumb

☐ 

T-24 Energy

☐ 

Cal Green

☐ 

Fire

☐ 

Haz-Mat

☐ 

W.P.S.C.

☐ 

Solid Waste

☐ 

PW Utilities

☐ 

Planning

☐ 

DRS Engineer

☐ 

Landscape

☐ 

Supplemental Fees Required

☐**APPROVAL**

Initials

OK to accept •  
Approved • N/AFire sprinkler  
required

Planning

Fire

Building