

Downsit Number

180 days.

City of Victorville

Development Services
Planning • Building • Code Compliance • Business License • Animal Control

Cita Address.

14343 Civic Drive PO Box 5001 Victorville, CA 92393-5001 (760) 955-5100 Fax (760) 269-0073 planreview@victorvilleca.gov

Permittee Authorization Form Contractor Declaration

Fermit Number Site Address
#1: CALIFORNIA LICENSED CONTRACTOR'S DECLARATION
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) Division 3 of the Business and Professions Code, and my license is in full force and effect.
Contractor Name: License Class: License Number:
Contractor Address:
#2: IDENTIFY WORKER'S COMPENSATION COVERAGE AND LENDING AGENCY WARNING: FAILURE TO SECU WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMIN PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE CO OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, A ATTORNEY'S FEES.
WORKERS' COMPENSATION DECLARATION
I hereby affirm under penalty of perjury one of the following declarations:
I have and will maintain certificates of consent to self-insure for workers' compensation, issued by the Director of Indust 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 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 Number:
I certify that, in performance of the work for which this permit is issued, I shall not employ any person in any manner so to become subject to the workers' compensation lays of California, and agree that, if I should become subject to the worker compensation provision of Section 3700 of the Labor Code, I shall comply with these provisions.
DECLARATION REGARDING CONSTRUCTION LENDING AGENCY
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of work for which to permit is issued (Section 3097, Civil Code).
Lender's Name:
Lender's Address:
#3 DECLARATION BY CONSTRUCTION PERMIT APPLICANT
By entering my name below, I certify to the following:
I am a California licensed contractor or authorized to act on the Contractor's behalf*. I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable city ordinances and state laws relating to building construction. I authorize representatives of the City of Victorville Development Services to enter the above-identified property for inspect purposes.
*Representatives of the Contractor shall provide a separate authorization form.
Name: Date:
(Initial Here) This permit becomes void if no inspection is requested for the building or work authorized by such per within a 12 month period from the date of issuance of such permit, or if the scheduling of inspections for the building w authorized by such permit is suspended or abandoned at any time, after the first inspection has commenced, for a period