

Property Owner	
Name	Phone No.
Mailing Address	
City/State/Zip	
Contractor	
Name	Phone No.
Mailing Address	
City/State/Zip CA	
24-hr Emergency Phone _____	
LICENSED CONTRACTOR'S OR APPLICANT'S DECLARATION	
I hereby affirm (check one):	
<input type="checkbox"/>	
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. Contractor warrants that it is the authorized agent for the record owner of the property for the purposes of this permit, and that contractor has full authority from owner to perform the work so requested.	
License No. _____	Classification _____
<input type="checkbox"/>	
Applicant has signed Owner-Builder Declaration form.	

CONDITIONS

1. It is a misdemeanor to attempt to collect payment for work under this permit until a Certificate of Completion has been signed and issued by the City.
2. Permittee shall be responsible for protection of structures and adjacent properties from distress or damage resulting from the work. City's review of application does not include review of excavation stability or effects on adjacent structures.
3. Permittee shall be responsible for proper handling and disposal of hazardous materials. Permittee shall bear full responsibility for cleanup of any spill of hazardous materials, including, but not limited to, notifications, HazMat responder costs, and traffic control.
4. Permittee shall be responsible for keeping City streets from becoming soiled as a result of the work. Any spillage from trucks hauling materials involved in the work shall be cleaned up immediately by permittee or his contractor.
5. Permittee shall be responsible for any damage to City streets resulting from the work. Any damaged pavement shall be repaired promptly, and to the City's requirements.
6. Permittee shall be solely responsible for both on-site and off-site safety measures required by and related to the work. Such measures may include, but are not limited to, preventing access into the work area by the public and traffic control.
7. Where approved plans or City Standard Details indicate a specified degree of compaction, results of test performed by a qualified testing agency or engineer shall be provided to the city prior to covering the work. Failing test or failure to provide test results shall constitute a basis for rejection of the work by City.
8. City plan review, approval or inspection of facilities does not constitute a certification of code compliance or design adequacy, nor approval of workmanship, which are the responsibility of the engineer-of-record and/or the owner.
9. Applicant is responsible for securing permits if required by other agencies, including but not limited to the US Army Corps of Engineers, State Water Quality Control Board and State Department of Fish & Game.
10. Applicant authorizes City to enter upon project property for inspection purposes.
11. City Public Works Inspector may modify this permit to meet field conditions.
12. See permit inspection card for additional conditions.
13. For street cuts, must do permanent paving within 2 weeks of backfill.
14. Must comply with additional conditions of approval on attached document.
15. Call 510-215-3030 for required inspections.
16. Site specific traffic plan and permits must be on the site at all times.
17. Failure to provide a job card at the time of inspection will result in a failed inspection.
18. MUST COMPLY WITH ADDITIONAL CONDITIONS OF APPROVAL

PERMIT APPROVAL

___The applicant is hereby authorized to perform the above work at the location designated in accordance with the conditions of this application and Permit/Inspection Card.

Signature _____
Public Works Division Manager



SAN PABLO

PERMIT NUMBER

PW

PERMIT APPLICATION

(A) Issuance of a permit shall not be construed as an approval of any violation of the Building, Electrical, Mechanical, or Plumbing or Municipal Codes.
 (B) Clearances from all departments and jurisdictions any payments of all applicable fees are required before the final inspection will be made.

Comments:

Applied Date	Master Permit NO.	Parcel NO.
Job Site Address		Date Issued
Description of Work		Approved Date
Prepared By:		Expiration Date

Liability Insurance Verification (if in City R-O-W)
 MUST NAME CITY AS ADDITIONAL INSURED

City SD, irrigation or facility conflicts
 NO CONFLICTS

WCWD or other utility permit verification (sewer work, etc.)

WORKER'S COMPENSATION DECLARATIONS (Sec. 3800 LAB.C.)

(check one):

___ I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof.

Policy No. _____ Company _____

___ Certified copy is hereby furnished.

___ 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.

___ This permit is for \$100.00 (valuation) or less.

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation Provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have read this application and state the above information is correct. I agree to comply with all City ordinances and state laws relating to construction, and hereby authorize representatives of the City of San Pablo to enter upon the above-mentioned property for inspection purposes.

I also agree to save, indemnify and hold harmless the City and its agents against all liabilities, judgments, costs and expenses, which may in any way accrue against City in consequence of the granting of this permit

Signature of Applicant _____ Date

___ Owner ___ Contractor ___ Agent

PERMIT FEES

FEE DESCRIPTION	FEE AMOUNT

Amount Due:

COMMUNITY SERVICES DEPARTMENT
 ONE ALVARADO SQUARE
 13831 SAN PABLO AVENUE
 SAN PABLO, CA 94806