

LICENSED CONTRACTOR 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 that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lender agency information is true and correct.

Signed _____ Dated _____
Print Name of Signer _____
License # _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insured, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy # _____ Company _____
 Certified copy is hereby furnished
 Certified copy is filed with the building inspection department of the City of San Juan Bautista
Applicant Signature _____ Dated _____

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- A. I am the owner of the above property and I will contract to have all the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Print Name of Signer _____
Date _____

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in 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 Worker's Compensation Laws of California.

Applicant Signature _____ Date _____

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

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name _____ Lender's Address _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature _____ Date _____

CITY OF SAN JUAN BAUTISTA

P.O. Box 1420, 311 Second Street
San Juan Bautista, Ca 95045

PLANNING DEPARTMENT

Phone:(831) 623-4661
Fax: (831) 623-4093

REQUIREMENTS FOR OWNER-BUILDER PLANS FOR BUILDING PERMIT ISSUANCE

1. **Plot Plan**
This plan should show existing buildings and their relationship to property lines, showing additions or remodeling with dotted lines (& identified as new work).
2. **Foundation Plans**
These plans should include the size of footings; soils tests; size of reinforcement steel; placement details for rebar; size and type of hold downs and bolts for foundation plates.
3. **Complete Floor Plans**
These plans should include a layout of every room with electrical, mechanical, and plumbing keyed to the floor plans with standard construction symbols for each discipline.
4. **Roof Plans**
These plans should include all structural-framing details for the roof system.
5. **Framing Plans**
These plans should show all types of lumber or steel being used for the project. Wall construction details including insulation for walls and ceilings and wall covering materials should be included.
6. **Elevation Drawings**
These drawings should illustrate the complete exterior profile of the building, including the height from grade to the top of the structures.
7. **Sections and Details**
These should show how all the framing members are connected, strapped, nailed, screwed, or bolted together.
8. **Cross Sections of Foundation**
These drawings should identify dimensions of footings, stem walls, grade beams, and sizes of reinforcement rebar and hold-downs.

DEBRIS RECOVERY PLAN: Pre-Construction/Pre-Demolition

FINAL INSPECTION WILL NOT BE SCHEDULED UNTIL COMPLETED PLAN IS SUBMITTED

APN: _____ Building Permit Numbers _____

Owner Name: _____

Owner Mailing Address: _____

Jobsite Address: _____ Sq. Ft. _____

Jobsite Contact: _____ Company: _____

Permit Type(s): Commercial/nd. Demolition

Jobsite Contact Phone: (____) _____

By signing below, I acknowledge that I am responsible for complying with the requirements of Chapter 5-4-510 of the City of San Juan Bautista Code related to recovery of construction and demolition debris and that lack of compliance may result in delays in issuance of building/demolition permit(s), hold on final inspection(s) and/or fine(s).

Owner Signature: _____ Date: _____

MATERIAL	Reuse	Recycle	Dispose	FACILITIES/SERVICE PROVIDERS TO BE USED
Asphalt				 <p>For help recovering materials at your jobsite, or questions concerning this form, please call 831-636-4110.</p>
Cardboard				
Concrete				
Dirt				
Dry Wall				
Green Waste				
Lumber				
Rock/Stone				
Metal(s)				
Other: _____				
Other: _____				

Total tons of materials disposed of (not recycled or reused): _____

Total tons of materials not disposed of (either recycled or reused): _____

Percent recycled/reused: _____ %

Approved by: _____ Date: _____



Submit completed form to:
 City of San Juan Bautista
 311 Second Street
 San Juan Bautista, CA 95045
 (831) 623-4661 Fax: 831 623-4093
 cityplanning@san-juan-bautista.ca.us

Attach copies of receipts, gate tags, or other verifying documentation for all materials that were reused, recycled or disposed.

DEBRIS RECOVERY PLAN: Post-Construction/Post-Demolition

FINAL INSPECTION WILL NOT BE SCHEDULED UNTIL COMPLETED PLAN IS SUBMITTED

APN: _____ Building Permit Numbers _____

Owner Name: _____

Owner Mailing Address: _____

Jobsite Address: _____

Jobsite Contact: _____ Company: _____

Owner Phone: (____) _____

Jobsite Contact Phone: (____) _____

MATERIAL	Reuse	Recycle	Dispose	FACILITIES/SERVICE PROVIDERS TO BE USED	Weight (tons)
Asphalt					
Cardboard					
Concrete					
Dirt					
Dry Wall					
Green Waste					
Lumber					
Rock/Stone					
Metal(s)					
Other: _____					
Other: _____					

Total tons of materials disposed of (not recycled or reused): _____

Total tons of materials not disposed of (either recycled or reused): _____

Percent recycled/reused: _____ %

Approved by: _____ Date: _____



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