



BUILDING PERMIT APPLICATION

CITY OF HERMOSA BEACH, COMMUNITY DEVELOPMENT DEPARTMENT
1315 Valley Drive, Hermosa Beach, CA 90254
(310) 318-0235 FAX (310) 937-6235

		BUILDING PERMIT NO.		
		DATE		
JOB ADDRESS:			APN:	
PROPERTY OWNER:		ADDRESS:		
CITY/STATE/ZIP:		TEL:		FAX/EMAIL:
CONTRACTOR:		ADDRESS:		
CITY/STATE/ZIP:		TEL:		FAX:
STATE LICENSE NO.:		CITY BUSINESS LIC. NO.:		EMAIL:
ARCHITECT:		ADDRESS:		
CITY/STATE/ZIP:		TEL:		FAX:
EMAIL:		STATE LICENSE NO.		
ENGINEER:		ADDRESS:		
CITY/STATE/ZIP:		TEL:		FAX:
CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION				
DESCRIPTION OF WORK:				
USE OF EXISTING BUILDING/NO. OF STORIES:			VALUATION OF WORKS:	
ACCEPTED BY	PLAN CHK. BY	APPROVED BY	PLAN CHECK FEE	PERMIT FEE
STATE SEISMIC FEE	SEWER USE FEE	FIRE HYDRANT FEE		
PARK & RECREATION/QUIMBY FEE	NO. DWELLING UNITS	DEMO. CREDIT (SQ. FT.)	LIVING AREA	GARAGE AREA
DECK/BALCONY AREA				
CONST. TYPE	OCCUPANCY GROUP	LOT SIZE	USE ZONE	UNDERGROUND UTILITIES REQ.
OFF STREET PARKING				
GARAGE <input type="checkbox"/>		OPEN <input type="checkbox"/>		
DECLARATIONS				
<input type="checkbox"/> I have inquired about the need for a Coastal Development Permit from the Coastal Commission and understand that I do <input type="checkbox"/> do not <input type="checkbox"/> need a permit. <input type="checkbox"/> I have reviewed the attached requirements for geotechnical reports and understand that I do <input type="checkbox"/> do not <input type="checkbox"/> need to submit a report. <input type="checkbox"/> I have reviewed Chapter 8.44. of the H.B.M.C. and Storm Water Prevention Guidelines and understand that I do <input type="checkbox"/> do not <input type="checkbox"/> need to submit a Standard Urban Storm Water Mitigation Plan, and I understand I may need to develop and comply with best management or good housekeeping practices. <input type="checkbox"/> The work in my project is <input type="checkbox"/> is not <input type="checkbox"/> in a condominium and I do <input type="checkbox"/> do not <input type="checkbox"/> need the approval of my board or association. <input type="checkbox"/> I have elected to process my plans concurrently with the Building Division and the Planning Division and understand that any required corrections may result in added plan reviews by each of these Divisions and additional plan review cost to me. <input type="checkbox"/> I understand that my project may be subject to Public Works Department requirements and have inquired about them. <input type="checkbox"/> I understand that, per state law and H.B.M.C. Chapter 15.48, a minimum of 65% of construction and demolition debris must be recycled for all newly constructed buildings and demolition in preparation for said new construction, and 50% of construction and demolition debris must be recycled for other projects, and no permit will be issued unless this permit application is accompanied by a Waste Reduction Plan. I further understand that a Waste Reduction Report is required at the completion of construction or demolition, including supporting manifests from the recycling facility showing the tonnage of material recycled, and that, for demolition permits, no subsequent building permit will be issued for the subject property unless such a Waste Reduction Report is submitted.				
Signature of Permittee:		Print Name:		Date:
LICENSED CONTRACTOR DECLARATION				
I hereby affirm under penalty of perjury that I am licensed under Chapter 9 (commencing at Sec. 7000) of Div. 3 of the Business and Professions Code and my license is in full force and effect.				
LICENSE CLASS:		STATE LICENSE NO.		CITY LICENSE NO.
CONTRACTOR/AGENT SIGNATURE:				DATE:
PRINT NAME:				
ADDRESS				PHONE:
WORKER'S COMPENSATION DECLARATION/CONTRACTORS				
I hereby declare that I have a certificate of consent to self-insure or a certificate of Worker's Compensation Insurance or a certified copy thereof (Labor Code Section 3800).				
POLICY NO.		COMPANY:		
CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE				
(This section need not be completed if permit is for two hundred dollars (\$200.00) or less)				
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 Worker's Compensation Laws of California.				
CONTRACTOR'S SIGNATURE:				DATE:
NOTICE TO APPLICANT: If after making this certificate of exemption you should become subject to the Worker's Compensation Laws of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.				
HAZARDOUS MATERIALS				
Indicate whether the applicant or future building occupant must comply with the applicable requirements of Sec. 25505, 25533 and 25534 of the Health and Safety Code: Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, the following is required: 1) Permit from South Coast AQMD, 2) Clearance from the Fire Dept. Hazardous Materials Specialist. Signature of Permittee:				

ASBESTOS MATERIALS: To the best of my knowledge there are no asbestos-containing materials on/or within the structures of site. If evidence of asbestos is found, it is my responsibility to notify AQMD at: (818) 572-5283.

Signature of Permittee:

Date:

RIGHT OF ENTRY (READ CONDITIONS BELOW)

- The work authorized by this permit is subject to all rules and regulations set forth in the ordinances and amendments of the City of Hermosa Beach, and the laws of the State of California in regard to such work and all amendments thereto.
- This permit becomes null and void if work is not commenced within one hundred eighty (180) days from date of issuance, or if work is suspended at any time during construction for the same period of time.
- It shall be the responsibility of every general contractor, engineering contractor and owner/builder to require subcontractors under their control or direction to obtain a business license as herein provided before permitting such subcontractor to perform services for such general building or engineering contractor. I agree to furnish the license collector with a list of all subcontractors prior to obtaining inspection of the work performed by such subcontractors.
- If I employ any person who is not a contractor or subcontractor I agree to furnish proof immediately satisfactory to the license inspector that such person is employed by me and is fully covered with State Workers Compensation Insurance.
- I certify that I have read this application and state that the above information is correct. I agree to comply with all City and applicable County ordinances, and State laws relating to building construction, and hereby authorize representatives of the City to enter upon the above-mentioned property for the purpose of inspections.

Signature of Permittee:

Date:

Print Name

OWNER/BUILDER DECLARATION

ATTENTION PROPERTY OWNER

PROPERTY ADDRESS:

An "Owner Builder" building permit has been applied for in your name. Please complete the information below. **No building permit will be issued until this verification is received.**

1. I personally plan to provide the major labor and materials for construction of the proposed property improvement. YES NO
2. I HAVE HAVE NOT signed an application for a building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

NAME:

ADDRESS:

PHONE:

STATE CONTRACTOR'S LICENSE NO.

CITY OF HERMOSA BEACH BUSINESS LICENSE NO.

4. I will provide some of the work but I have contracted the following persons to provide the work indicated: YES NO

If yes, please request a blank Subcontractor's List.

Please be advised that **ANY PERSON SUBCONTRACTED TO PERFORM A JOB** or function at the referenced address **IS REQUIRED** pursuant to the Hermosa Beach Municipal Code 17-2, **TO OBTAIN A BUSINESS LICENSE PRIOR TO PROVIDING SAID SERVICE.**

OWNER/BUILDER DECLARATIONS:

I hereby affirm under penalty of perjury that I am exempt from the contractors license law for the following reasons: (Section 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the contractors state license law (Chapter 9 commencing with Section 7000) of Division 3 of the Business Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to penalty of not more than five hundred dollars (\$500.00).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business Professions Code: the contractors license law does not apply to an owner of property who builds or improves thereon, and who contracts for such project with a contractor(s) licensed pursuant to the contractors license law). **Worker's Compensation Insurance NOT required.**

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044 Business and Profession Code; the contractors license law does not apply to an owner of the property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sales. If, however, the building or improvement is sold within one year of completion, the owner/ builder will have the burden that he or she did not build or improve for the purpose of sale). **Worker's Compensation Insurance IS required.**

WARNING: FAILURE TO SECURE WORKMEN'S 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.

Signature of Owner:

Date:

Print Name: