

# BUILDING PERMIT WORKSHEET

CITY OF LAGUNA WOODS – PLANNING AND ENVIRONMENTAL SERVICES DIVISION.

(949) 639-0500 • 24264 El Toro Road, Laguna Woods, CA 92637

Job Site Address: \_\_\_\_\_

## RESIDENT INFORMATION

Resident Name: \_\_\_\_\_

Resident Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PROPERTY OWNER INFORMATION (Required)

(Co-Op owners identify ULWM as the owner and complete resident information.)

Property Owner Name: \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## ARCHITECT, ENGINEER, OR AGENT INFORMATION

Architect  Engineer  Authorized Agent

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## OWNER OR AUTHORIZED AGENT'S DECLARATION

I certify that I have read this application and state that the information herein is correct. I agree to comply with all local ordinances and state laws relating to building construction and I make this statement under penalty of law. Furthermore, I hereby authorize representatives of the City of Laguna Woods to enter upon the above-listed property for inspection purposes.

Permit applications and plan submittals will expire by limitation in 180 days unless pursued in good faith or a written request for extension is approved. Issued permits will expire by limitation if work is not started within 180 days or if work is abandoned for more than 180 days. All extension requests must be submitted in writing to the City of Laguna Woods Building Official as specified by the CBC, Sections 105.3.2 & 108.5.

This permit is obtained on behalf of, and with knowledge of, the property owner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Revision Date: 01/31/2020-ck

PERMIT #: \_\_\_\_\_

## VALUATION OF THIS PROJECT (Required)

\$ \_\_\_\_\_



## CONTRACTOR'S INFORMATION

Contractor: \_\_\_\_\_

License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Contractor's Telephone Number: \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## CONTRACTOR'S DECLARATION (Select only one)

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 my license is in full force and affect.

I HAVE AND WILL MAINTAIN A CERTIFICATE OF 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 carrier and policy number are:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

I HAVE AND WILL MAINTAIN A CERTIFICATE OF CONSENT TO SELF-INSURE FOR WORKERS' COMPENSATION, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THE PERMIT IS ISSUED, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall herewith comply with those provisions.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contractors for the project with a licensed contractor pursuant to the Contractors' State License Law).

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## NOTES/SCOPE OF WORK

**Advanced Energy Storage System**

**Request expedited processing per City Checklist**

## DESCRIPTION OF WORK (Check and complete all that apply)

Commercial  Residential Number of Stories: \_\_\_\_\_

Tenant Improvement (TI) Sq. Ft. of TI: \_\_\_\_\_

Building Type: \_\_\_\_\_ Sq. Ft. Area: \_\_\_\_\_ Occupancy: \_\_\_\_\_

**Sprinkled:**  Yes  No

**Signs/Commercial:**  Wall Sign:  Monument Sign:

Demolition. Sq. Ft.: \_\_\_\_\_  Fire related

Addition. Sq. Ft.: \_\_\_\_\_

Balcony Cover. Sq. Ft.: \_\_\_\_\_  Lattice:  Solid:

Balcony Enclosure. Sq. Ft.: \_\_\_\_\_

Patio Cover. Sq. Ft.: \_\_\_\_\_  Lattice:  Solid:

Patio Enclosure. Sq. Ft.: \_\_\_\_\_

## Windows/Fenestration:

Windows: \_\_\_\_\_  Doors: \_\_\_\_\_  Skylight/Solatubes: \_\_\_\_\_

## Plumbing:

**Water Heater:**  Change-Out  Relocation  Tankless

Washer/Dryer Hookup  Vents \_\_\_\_\_  Re-pipe

**HVAC Systems:**  New  Change-Out

Heat Pump  Heat  A/C Only  Roof Unit Wt.: \_\_\_\_\_

Central System  In-Wall Unit  Mini-Split Unit

**Electrical:**  Receptacles: \_\_\_\_\_  Switches: \_\_\_\_\_  New Circuits \_\_\_\_\_

Ceiling Fans: \_\_\_\_\_  Fixtures/Can Lights: \_\_\_\_\_  Solar

Panel:  New Sub  Change-Out  Upgrade: \_\_\_\_\_ amps(SCE approval needed)

**Bath:**  Remodel  New  Bath Split

Water Closets (toilets): \_\_\_\_\_  Lavatory (sinks): \_\_\_\_\_

Tub: \_\_\_\_\_ Type:  Insert  Tile  Hydro-Tubs: \_\_\_\_\_

Tub/Shower: \_\_\_\_\_ Type:  Insert  Tile

Shower: \_\_\_\_\_ Type:  Insert  Tile

**Kitchen:**  Remodel  Dishwasher  Microwave  Cooking Unit

**Roofing:**  Re-Roof  Roof Repair. Sq. Ft.: \_\_\_\_\_

Type:  BUR  Composition  Tile  Metal  Single Ply

**Battery Technology:**

**Misc.: Cumulative Battery Capacity:** \_\_\_\_\_

## ISSUANCE (Issuance does not denote approval of work)

**Permit Issued By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Plan Check: \_\_\_\_\_ Date: \_\_\_\_\_ Received By: \_\_\_\_\_

Additional Plan Check: \_\_\_\_\_

Building: \_\_\_\_\_

Revision: \_\_\_\_\_

SB 1473: \_\_\_\_\_

SMIP: \_\_\_\_\_

C&DMMP Deposit: \_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_

**BALANCE:** \_\_\_\_\_