

Job Site Address: _____

RESIDENT INFORMATION

Resident Name: _____

Resident Telephone Number: _____

Email Address: _____

PROPERTY OWNER INFORMATION (Required)

(For Co-Ops: identify "ULWM" as the owner and complete resident information.)

Name: _____

Telephone Number: _____

Email Address: _____

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, the undersigned, certify that I have read this worksheet and state that the information hereon is correct. I agree, under penalty of law, to comply with all applicable federal, state, and local laws, ordinances, rules, and regulations pertaining to construction, improvement, and demolition. I 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 365 days unless pursued in good faith or a written request for extension is approved. Issued permits will expire automatically if work is not started within 365 days or if work is abandoned for more than 365 days. All requests for extensions must be submitted in writing to the City of Laguna Woods Building Official per the California Building Standards Code.

While the City of Laguna Woods attempts to coordinate building services with zoning and other services, issuance of this permit does not imply any other approvals, nor excuse compliance with zoning or other applicable City standards. The undersigned is encouraged to investigate all planning, zoning, and public safety requirements applicable to this permit.

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

Signature: _____ Date: _____

Print Name: _____

BUILDING PERMIT #: _____

VALUATION OF THIS PROJECT (Required)

\$ _____

HOA CONSENT NUMBER (If applicable)

CONTRACTOR'S INFORMATION

Contractor: _____

CA CSLB License Number: _____ Expires: _____

Contractor's Telephone Number: _____

Contractor's Mailing Address: _____

City: _____ State: _____ ZIP: _____

CONTRACTOR/OWNER-BUILDERS'S DECLARATION (Select 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 California Business and Professions Code), and that 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 California 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 California 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 the State of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the California 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, California Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts 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 CALIFORNIA LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

Signature: _____ Date: _____

Print Name: _____

NOTES/SCOPE OF WORK



DESCRIPTION OF WORK (Check and complete all that apply)

General:

- Commercial Residential Number of Stories: _____
 Tenant Improvement (TI) Sq. Ft. of TI: _____
 Building Type: _____ Sq. Ft. Area: _____ Occupancy: _____
 Sprinklered: Yes No
 Demolition. Sq. Ft.: _____ Fire-related
 Addition. Sq. Ft.: _____
 Balcony Cover. Sq. Ft.: _____ Lattice: _____ Solid: _____
 Balcony Enclosure. Sq. Ft.: _____ Lattice: _____ Solid: _____
 Patio Cover. Sq. Ft.: _____ Lattice: _____ Solid: _____
 Patio Enclosure. Sq. Ft.: _____
 Patio/Balcony Type: _____
 Conversion Type: _____ Alteration Type: _____
 Sleeping Room Covenant

Plumbing:

- Water Heater:** Change-Out Relocation Tankless
 Washer/Dryer Hookup Vents: _____ Re-pipe/Type: _____

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

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/Type: _____

Panel: New Sub Change-Out Upgrade: _____ amps (SCE approval req'd)

Roofing: Re-Roof Roof Repair. Sq. Ft.: _____
 Type: BUR Composition Tile Metal Single Ply

Windows/Fenestration:

- Windows: _____ Doors: _____ Skylight/Solatubes/Type: _____

Signs/Commercial: Wall Sign: _____ Monument Sign: _____

Misc.: _____

ISSUANCE (Issuance does not denote approval of work)

Permit Issued By: _____ **Date:** _____

Plan Check: _____ Date: _____ Received By: _____

Plan Revision (Non-Struc): _____ C&D Deposit: _____

Plan Revision (Structural): _____ SB 1473: _____

Building: _____ SMIP: _____

TOTAL FEES: _____

BALANCE: _____