



CITY OF PERRIS

DEVELOPMENT SERVICES DEPARTMENT
BUILDING AND SAFETY DIVISION

135 N. "D" Street, Perris, CA 92570-2200
TEL: (951) 943-5003

REQUIRED PERMIT DECLARATION FOR LICENSED CONTRACTORS

JOB ADDRESS:

CITY: PERRIS

STATE: CA

ZIP:

CITY LICENSING REQUIREMENTS DECLARATION

I hereby affirm under penalty of perjury that I will accurately complete a form listing the names and addresses of all subcontractors or specialty contractors performing work or services related to this permit and return the completed form to the Business Tax Department for approval before requesting final approval of the work. I also hereby affirm under penalty of perjury that at the time I make any subcontract (written or oral) the performance of any work by a subcontractor or specialty contractor, and which work is to be performed within the City of Perris, I will verify that such subcontractor or special contractor has obtained the required contractor's City license from the City and will not permit any such contractor to perform any of the work contemplated in any such subcontract (written or oral) unless and until such required contractor's license has been obtained.

NOTICE: FINAL APPROVAL FOR THIS PERMIT SHALL NOT BE GIVEN UNTIL ALL SUBCONTRACTORS OR SPECIALTY CONTRACTORS HAVE OBTAINED ALL NECESSARY CITY LICENSES AS VERIFIED BY THE PERRIS BUSINESS TAX DIVISION

LICENSED CONTRACTOR'S DECLARATION (HEALTH & SAFETY CODE SECTION 19825)

I hereby affirm under penalty of perjury that I am licensed under the provision of Chapter (commencing with Section 700) of Division 3 of the Business and Professions Code and this license is in full force and effect.

COMPANY NAME:

LICENSE CLASS:

LICENSE #:

WORKERS' COMPENSATION DECLARATION (HEALTH & SAFETY CODE SECTION 19825)

I hereby affirm under penalty of perjury one of the following declarations:

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, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions.

I have and will maintain 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 insurance carrier and policy number are as follows;

INSURANCE CARRIER:

NAME OF AGENT:

POLICY #:

EXPIRATION DATE:

PHONE #:

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.



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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.

FINAL DECLARATION OF PERMIT HOLDER (HEALTH & SAFETY CODE SECTION 19825)

I hereby affirm under penalty of perjury that I have read the information shown above on this permit including the declaration and the above and any attached information that I have submitted in order to obtain this permit true and correct. I agree to comply with all city and county ordinances and state laws relating to the building construction, and hereby authorize a representative of the City of Perris to enter upon the above-mentioned property for inspection purposes.

CA DL OR ID #:

FULL LEGAL NAME:

ATTENTION: You can save the form with the text you entered and email it to Dsbuilding@cityofperris.org. Select Print (Printer Icon), choose "Save as PDF" in the Destination, and click Save.