

COMBINATION POOL/SPA PERMIT APPLICATION



CITY OF LAKE FOREST

100 Civic Center Drive, Lake Forest, CA 92630
 Counter Hours: M T Th, 8am to 11:45am & 1pm to 6pm
 Wednesdays 8am - 11:45am
 And alternate Fridays, 8am to 11:45am & 1pm to 5pm
 Inspection Request Line: (888) 890-6298

OWNER-BUILDER DECLARATION
 I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 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 License Law (Chapter 9 (commencing with Sec. 7000) of Div. 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):
 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 (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of 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 sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.).
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) license pursuant to the Contractors License Law.).
 I am exempt under Section _____, B.&P.C. for this reason _____

 Date _____ Signature of Owner _____

LICENSED CONTRACTORS 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 my license is in full force and effect.
 License Class _____ License Number _____ Expiration Date _____
 Date _____ Signature of Contractor _____

WORKERS' COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 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 have and will maintain workers' compensation insurance, as required by Sec. 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:
 Carrier _____
 Policy No. _____
(This section need not be completed if the permit is for one hundred dollars (\$100) 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Sec. 3700 of the Labor Code, I shall forthwith comply with those provisions.
 Date _____ Signature of Applicant _____

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.

CONSTRUCTION LENDING AGENCY
 I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. 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 upon the above-mentioned property for inspection purposes.
 Date _____ Signature of Applicant or Agent _____

SITE ADDRESS _____
 ASSESSOR PARCEL NUMBER _____
 BOOK _____ PAGE _____ PARCEL _____
 ADDITIONAL INFORMATION / LEGAL DESCRIPTION _____

PROPERTY OWNER _____
 MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____
 PHONE NUMBER _____ EMAIL _____

ARCHITECT'S OR ENGINEER'S NAME _____ LICENSE NO. _____

ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER _____ EMAIL _____

APPLICANT / CONTACT PERSON _____
 PHONE NUMBER _____ EMAIL _____

CONTRACTOR'S NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER _____ EMAIL _____

EXPIRATION
 Every permit shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of permit, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.

DESCRIPTION OF WORK:

SQUARE FOOTAGE	STANDARD PLAN
POOL	YES _____ NO _____
STATISTICAL CLASSIFICATION	CODE IN EFFECT _____
NO. _____	SPECIAL CONDITIONS / PLANNING FILE NO. _____

\$ _____ INITIAL VALUATION \$ _____ REVISED VALUATION
 PLAN CHECK FEE \$ _____
 ADDITIONAL PLAN CHECK I \$ _____

PLAN CHECK NO. _____	INITIALS _____	DATE _____
ADDITIONAL PLAN CHECK _____	INITIALS _____	DATE _____
CK NO. _____	CK NO. _____	

ALL BODIES OF WATER DEEPER THAN 18 INCHES SHALL BE FENCED IN ACCORDANCE WITH STATE LAW AND CITY ORDINANCE.
CONTACT THE BUILDING DEPARTMENT AND PLANNING DEPARTMENT FOR SPECIFIC REQUIREMENTS ON FENCE AND GATE REQUIREMENTS.

COMBINATION POOL/SPA PERMIT \$ _____
 ISSUANCE FEE \$ _____
 SMIP FEE \$ _____
 _____ \$ _____
 _____ \$ _____
 TOTAL POOL/SPA PERMIT FEE \$ _____

PERMIT NO. _____	INITIALS _____	DATE _____
FINALED BY _____	CK NO. _____	DATE _____