

**LICENSED CONTRACTOR'S DECLARATION, WORKERS COMPENSATION DECLARATION
AND AUTHORIZATION OF ENTRY**

PROJECT ADDRESS:

Licensed Contractor's Declaration

I hereby affirm 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 Type

License Number

License Expiration

Authorization Of Entry

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

Workers' Compensation Declaration

By my signature, 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 workers' 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 those 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.

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Certificate No.:

Workers' Compensation Insurance Carrier:

Insurance Policy Number:

Insurance Policy Expiration Date:

Print name to sign the above declarations and authorization of entry or use e-signature:

Date: