

Building Permit Application

City of Hughson 7018 Pine Street PO Box 9 Hughson, CA 95326 (209) 883-4054

IDENTIFY WHO WILL PERFORM THE WORK

(COMPLETE EITHER THE "CALIFORNIA LICENSED CONTRACTOR'S DECLARATION" OR THE "OWNER-BUILDER DECLARATION"

CALIFORNIA LICENSED CONTRACTOR'S 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 Professionals Code, and my license is in full effect. CA Contractor License No.: Class: Exp. Date: City of Hughson Business License No.: Exp. Date: **Contractor or Authorized Agent Signature:** Date: **IDENTIFY WORKERS' COMPENSATION COVERAGE** WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines. 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, issued by the Director of Industrial Relations as provided by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No.: _ □ 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. Insurance Carrier: Policy No.: __ ____ Exp. Date: _ Name of Insurance Agent:_ _ Phone No.: _ □ 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 law of California. I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall comply with those provisions. Contractor, Owner, or Authorized Agent Signature Date OWNER-BUILDER DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the following reason(s) indicated below. Please check all that apply: □ I, as the owner of the property, or my employees with wages as their sole compensation will do: □ ALL OF or □ PORTIONS of the work, and the structure is not intended as offered for sale (Section 7044, Business and Professions Code: The Contractor's State License Law does not apply to an owner of the property, who through employees or personal effort, builds or improves the property, provided that the 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 it was not built or improved for the purpose of sale.). □ I, as the owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code: Contractors State License Law does not apply to an owner of property who builds or improves thereon, and who contacts for such projects with a licensed contractor pursuant to the Contractors State License Law.). □ I am exempt from licensure under the Contractors State License Law for the following reason: By signing below I acknowledge that, as an owner-builder, I must reside at least one year prior to completion of the improvements covered by this permit, unless the the structure is constructed in its entirety by a licensed contractors. I

understand that a copy of the applicable law, Section 7044 of the Business and Professionals Code is available upon

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request when this application is submitted.

Property Owner or Authorized Agent Signature

3/19/2019

Date



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IDENTIFY THE PROJECT							
PROJECT LO	CATION:						
Property Location	(Street Address):						
Lot, Building, Suite	e No.:						
Parcel Number:							
PROPERTY O	WNER INFORMATION:						
Property Owner N	ame:	Phone No.:					
Address:							
CONTACT INF	ORMATION: (Person responsible fo	or the project/plan check)					
Name/Contractor:							
Mailing Address:							
City:	State:	Zip Code:					
Contractor / Arch	nitect License No.:	Exp. Date:					
Email:							
	SCOPE OF WORK	(check below)					
 □ Residential □ HVAC □ POOL □ SIGN □ REMODEL DESCRIPTION OF	□ Commercial □ ELECTRICAL □ SOLAR kW: □ FIRE □ NEW F WORK:	 □ Industrial □ RE-ROOF □ PLUMBING □ TENANT IMPROVEMENT/ADDITION □ OTHER 					
VALUE (INCLUDE	E ALL LABOR AND MATERIALS): \$						
	IDENTIFY PERMIT HOL	DER OF RECORD					
Name/Contractor: Address:		TY OWNER AUTHORIZED AGENT consible and liable for the construction. Phone No.:					
City:	BY SIGNING BELOW I AGREE TO T	•					
I have read this a Count defend, indemr liability for persona of this permit. I a	pplication and the information I have provided ty ordinances, rules, regulations, and State law nify, and hold harmless the City of Hughson, it al injury, including death, and property damage authorize representatives of the City of Hughson	is correct. I agree to comply with the applicable City and vs relating to building construction. I agree to s officers, and employees from any and all claims and es caused by, or in any way connected with the issuance on to enter the above property for inspection purposes.					
Contractor, Proper	rty Owner, or **Authorized Agent Signature	Date					
Print Name:	Relatio ATE AUTHORIZATION FORM (LETTER OF AUTHORIZA	n to Project:					
DEPARTMENT USE ONLY							
Date Received:	Permit No.:	Plan Check Fee:					



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AUTHORIZATION FORM

<u>AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF</u>

Note: The following Authorization is required to be completed by the property owner only when designating an agent of the property owner to apply for a construction permit for the Owner-Builder.

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work).

Project Location or Address:	
Name of Authorized Agent:	Phone No.:
Address of Authorized Agent:	
I declare under penalty of perjury that I am the propersonally filled out the above information and centriver's license, form notarization, or other verifical presented when the permit is issued to verify the	rtify its accuracy. (Note: A copy of the owner's ation acceptable to the agency is required to be
Signature of Property Owner	Date

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3/19/2019



SMOKE ALARM AND CARBON MONOXIDE ALARM RETROFIT VERIFICATION

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I,	, and I	l,	
(Print Property Owner's Na		(Tenant's Name - if same as Owne	er write "Same")
who own and/or live in the dwell	ling located at: _		,
	e dwelling, in co	(Address) rms required by the California Resider ompliance with the code and with the r sted and do function properly.	
requires the retrofit of these alar requiring a permit and exceedin wired (110 volt) with battery bac may be solely battery operated the repairs or alterations do not by means of attic, basement, or for use by NFPA 720. Alarms m where repairs or alterations are replacement of windows or door mechanical systems. If the insta	rms in existing of \$1,000 in values. The and all ala and not intercordinclude the remarkers be solely based in the addition of the ala of attic, baseme	gs, CRC Sections R314, R315 and CEdwellings when alterations, repairs, or ue are made. Generally, the alarms must arms are to be interconnected. Exception nected when there is no commercial noval of wall or ceiling finishes or there larms may be powered by other source ttery operated or plug-in with battery patterior surfaces, such as roofing, siding of a porch or deck, installation, repair of a many sull require the removal of wall of ent or crawl space, then alarms may be	additions, ust be hard ons: Alarms power supply or is no access es recognized back back-up g, addition, or of plumbing or r ceiling finishes
Alarms must be installed in <u>all</u> c	of the following I	ocations within the existing dwelling:	
	separate bedro	s) oom (Smoke and Carbon Monoxide Al basements and habitable attic rooms	
		nents and affirm by my signature that a estalled and tested. (Both signature line	
Signature of Owner	Date	Signature of Tenant	Date

ATTENTION OWNER - OCCUPANT:

This is a Voluntary Smoke and Carbon Monoxide Alarm verification procedure. If you prefer a Building Inspector to perform the verification, you must arrange to have an adult present at the time of inspection.

NOTE: This Verification is only used when normal access to the interior of the dwelling by the City of Hughson Inspector is not achieved during the course of project construction. It is normally used for projects such as re-roofing, re-siding, patio covers, swimming pools and the like.



City of Hughson Permit Submittal Chart

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This chart represents the minimum number of submittals that are normally required at the time of submitting the permit application. Some plans or calculations may not always be necessary. You should contact the Community Development Department for more specific information or if you have questions regarding your permit application.

	-								
Single Family Dwelling Multi-Family dwelling Commercial	Commercial Tenant Improvement	Pool	Sign	Residential Addition	Residential Remodeling	Miscellaneous Structure	Single Family Dwelling Production	Code Check Only/Master Pan	Fire Related
Application for Permit 1 1 1	1 1	1	1	1	1	1	1	1	1
Complete Plans (including Site Plans) 3 3 3	3 3	3	3	3	3	3	3	3	3
Structural Calculations 2 2 2	2 2	2	2	2	2	2	2	2	2
Energy Documentation 2 2 2	2 2			2		2	2	2	
Truss Calculations 2 2 2	2 2			2		2	2	2	
Electric Load Calculations 2 2	2 2								
Grading/Drainage Plans 3 3 3	3	2		2			2	2	
Landscaping Plans 3 3	3								
Civil/Site Improvement 2 2	2								
Soils Report 1 2 2	2							1	
Hazardous Materials and Emissions Questionnaire (if applicable)	1 1								
Certificate of Compliance School District Development Fees Form 1 1 1	1			1					
Owner-Builder Verification (form)* 1 1 1	1 1	1	1	1	1	1	1	1	1
Systems/Hoods/Alarms									3

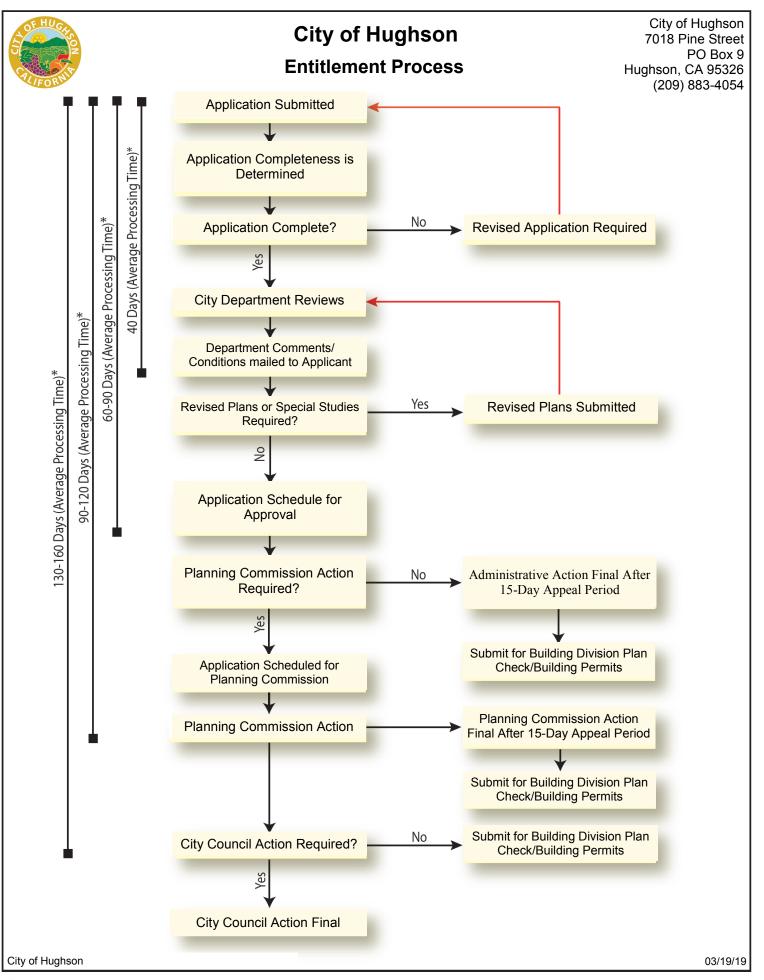
 $[\]hfill\Box$ Plans and calculations shall have the designer's "WET" signature.

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[□] Plan check deposits are required at the time of submittal on new custom single family residences, new commercial buildings, and tenant improvements.

[□] If the project involves a food establishment or food handling, contact the Stanislaus County Environmental Health Department at (209) 525-6700 to determine if a Health Department permit is required.

^{*}The Owner-Builder Verification (form) is only to be completed if the permit applicant is the property owner.



^{*} This diagram illustrates the average processing timeline, which assumes limited environmental review and timely response by the applicant with required information and revised plans, if necessary. The level of environmental review may add to the schedule. Consult with planning staff on processing timelines for projects subject to a Mitigated Negative Declaration or Environmental Impact Report.