



City of Los Banos

Building Department
520 J Street, Los Banos, CA 93635
Phone: (209) 827-7000 Ext. 2436
Fax: (209) 827-5921

Application Date: _____

Building Permit Number: _____

Application for Building Permit

(Must be complete, legible and accurate)

<p>Building Type</p> <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Other_____	<p>Project Type</p> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other_____	<p>Water Heater</p> <input type="checkbox"/> Like for Like <input type="checkbox"/> Tankless* <small>*requires gas or electric load calc</small>	<p>Photovoltaic</p> <input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Panel Upgrade <input type="checkbox"/> Modules _____ <input type="checkbox"/> kW _____
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Project Description: _____

JOB ADDRESS: _____ CITY: LOS BANOS, CA 93635 A.P.N.: _____

LOT#: _____ USE: _____ OCCUPANCY: _____ PROJECT SQ. FT: _____ VALUATION: \$ _____

Job Contact: _____ Phone:() _____ Email: _____

OWNER NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

CONTRACTOR: _____ **PHONE:()** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

CONTRACTOR LICENSE NO: _____ **CONTRACTOR CLASS:** _____ **CITY BUSINESS LICENSE:** _____

EXPIRATION DATE: _____

APPROVAL REQUIRED FROM PLANNING DEPARTMENT

<u>Subdivision:</u>		<u>Zone:</u>
<u>Setbacks/ Front:</u>	<u>Setbacks/ Side:</u>	<u>Setbacks/ Rear:</u>
<u>Between Buildings:</u>	<u>House/ Pool:</u>	<u>Other:</u>
<u>Comments:</u>		
<u>Approved By:</u>	<u>Date:</u>	

PERMIT FEES

Building Permit	\$	GPM	\$		\$
Plan Check	\$	CDD Plan Check	\$		\$
Plan Check DEPOSIT	\$	Green Fee SB1473	\$		\$
SMI	\$		\$		\$
PME	\$		\$	TOTAL Fees Due	\$

ADDITIONAL FEES MAY BE REQUIRED, CONTACT THE CITY FOR MORE INFORMATION

Please complete other side

(office use only) **APPROVED BY:** _____

LICENSED CONTRACTOR 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 that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lend agency information are true and correct.

Signed _____ Dated _____

Print Name of Signer _____

License# _____ License Class _____

WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# _____ Company _____

Certified copy is hereby furnished Certified copy is filled with the building inspection department

Applicant Signature _____ Dated _____

OWNER- BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Dated _____

CERTIFICATE OF EXEMPTION FROM WORKER' COMPENSATION INSURANCE

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.

Applicant Signature _____ Dated _____

NOTICE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C)

LENDER'S NAME: _____

LENDER'S ADDRESS: _____

SIGNATURE

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 THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: _____

APPLICANT OR AGENT SIGNATURE: _____ DATE: _____

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF
GENERALSERVICES,
Division of the State
Architect, CASp Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF
REHABILITATION
Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/

disabilityaccessinfo

DEPARTMENT OF
GENERALSERVICES,
California Commission on
Disability Access

www.cdda.ca.gov

www.cdda.ca.gov/resources-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcfca/calcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.