



Fax-In Residential Permit Application

Development Services Department
777 B Street Hayward, CA 94541
P: 510.583.4140 F: 510.583.3642
Email: Alexis.Smith@Hayward-ca.gov

PERMIT#

Project Address: _____
 Project Valuation: \$ _____ (This is the fair market value of materials and labor)
 Project Description: _____

ELECTRICAL SERVICE	ROOF	PLUMBING	MECHANICAL
NEW PANEL/PANEL UPGRADE	TYPE OF ROOF	WATER HEATER	A/C ONLY
METER RELEASE ONLY	NO. OF SQUARES	GAS TEST	FURNACE ONLY
	COLOR		WALL HEATER
	TEAR-OFF or OVERLAY (CIRCLE ONE)		HEAT/AIR COND. UNIT

Owner Name: _____ Phone: _____ Email: _____
 Owner Address: _____
 Contractor Name: _____
 Email: _____ Phone: _____ Fax: _____
 Contractor Address: _____
 Hayward City Business License No.: _____ Expiration: _____

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 Professions Code, and my license is in full force and effect.

License Class: _____ License No. _____
 Expiration Date: _____

 Signature of Contractor Date

WORKERS' COMPENSATION
 I hereby affirm under penalty of perjury one of the following:

I have and will maintain a certificate for worker's 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 the permit is issued.

Carrier: _____ Policy #: _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in the 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 comply with those provisions

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction
- I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

Signature of Contractor or Authorized Agent: _____ Date: _____

Certificate of Compliance

CF-1R-ALT

2016 Energy Code Compliance for Low rise Residential Alterations that do not Require HERS Rating

The below-mentioned requirements apply to all altered components of an existing conditioned space. Check all applicable energy features below and sign the declaration statement.

- _____ **WALLS:** (circle one) R-19 for existing 2x6's; R-15 for existing 2x4's
- _____ **ROOF:** R-30; _____ **RADIANT BARRIER:** if there is an attic
- _____ **ROOF:** R-19 if restricted by framing
- _____ **FLOOR:** R-19
- _____ **WINDOWS:** 0.32 maximum U
- _____ **SKYLIGHTS:** 0.55 maximum U / 0.30 maximum SHGC & up to 16 ft²
Newly proposed fenestration area including skylights: _____ ft² shall not exceed 75 ft²
- _____ **HVAC DUCTS:** check if extending \leq 40 feet of new R-6 ducts and utilizing the existing HVAC
(this form **CANNOT** be used for new HVAC systems and/or adding greater than 40LF of ducts which will require HERS verification and registration)
- _____ **WATER HEATER:** One allowed type per single-family dwelling; (circle one below)
Storage type \leq 105kbtuh rated input, \geq 0.60EF, and \leq 55-gallon storage capacity;
Tankless type \leq 200kbtuh rated input and \geq 0.82EF
(this form **CANNOT** be used with any other water heater type, multiple heaters, and/or recirculation)

I certify the following under penalty of perjury, under the laws of the State of California:

- The information provided on this page is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for the building design or system design identified on this page.
- That the energy features and performance specifications, materials, components, and manufactured devices for the building design or system design identified on this page conforms to the requirements of Title 24, part 1 and part 6 of the California Code of Regulations.
- The building design features or system design features identified on this page are consistent with the information provided on other applicable compliance documents, worksheets, calculations, plans and specifications submitted to the enforcement agency for approval with this building permit application.
- I understand that all applicable prescriptive features listed on this form and mandatory measures will be verified in field. Additionally, CF2Rs (Installation Certificates) will be completed by the qualified installer(s) prior to final inspection.

CREDIT CARD AUTHORIZATION

The undersigned gives the City of Hayward, Development Services Department, permission to accept a facsimile of my signature on a faxed permit application in lieu of my, in person, signature at your office. I hereby certify that I will comply with any and all declarations and agreements on the faxed permit application that bears my signature.

CREDIT CARD INFORMATION

Company Name: _____	Address: _____
City, State, Zip code: _____	Phone/Fax Number: _____
Cardholder Name: _____	Card Number: _____
Type of Credit Card: _____	Expiration Date: _____

APPLICANT'S DECLARATION

Project Address

Applicant Name/ Phone Number

Signature/ Date