



City of Hayward
 Development Services Dept.
 777 B Street Hayward, CA 94541
 510.583.4140

PERMIT APPLICATION

BIN #:	PERMIT #:
DUE:	MASTER PERMIT #:

APPLICANT PROJECT INFORMATION

Project Name Valuation \$ Address

Description

ATTENTION MEMBERS OF HOMEOWNER'S ASSOCIATIONS (HOA): With some limitations, HOA's may be able to restrict your ability to perform the work authorized by this permit. You may find more information at California Civil Code Sections 714, 714.1, 4600, and 4746. You may also wish to seek advice from an attorney relating to the enforceability of any restrictions imposed by your HOA. BE AWARE that nothing in this permit authorizes a permittee to violate enforceable HOA restrictions. IT IS YOUR RESPONSIBILITY to check with your HOA prior proceeding with any work authorized by this permit.

APPLICANT

Name Phone Email

Address

OWNER

Name Phone Email

Address

CONTRACTOR

Name Phone Email

Address City Business License # Expiration Date

OWNER-BUILDER AUTHORIZATION

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.

Print Name of Applicant Signature of Property Owner or Authorized Agent Date

CONTRACTOR DECLARATIONS

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.

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, 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.

Policy Number

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. My workers' compensation insurance carrier and policy number are:

Carrier Policy Number Expiration Date

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 forthwith comply with those provisions.

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, my license is in full force and effect and I have the correct workers' compensation.

License Class License Number Expiration Date Signature of Contractor Date

