



# City of Ripon

## Building Department

259 N. Wilma Avenue ~ Ripon, CA 95366  
Phone: (209) 599-2613 ~ Fax: (209) 599-2183  
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### Official Use

Permit # \_\_\_\_\_  
APN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Business License \_\_\_\_\_  
Contractor Lic Verification \_\_\_\_\_  
ESCP Form \_\_\_ (retd)\_\_\_ (aprvd)\_\_\_  
Plan Ck Pd. \$ \_\_\_\_\_ (ck#) \_\_\_\_\_

# Building Permit Application

### Project Information

Project Address: \_\_\_\_\_ Lot, Bldg, Suite#: \_\_\_\_\_

Project Valuation (include all labor & materials): \$ \_\_\_\_\_ Bldg.sq. ft. \_\_\_\_\_ Garage sq. ft. \_\_\_\_\_

<b>Building Type:</b> (✓ one)	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	
<b>Construction Type:</b> (✓ one)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Re-model	<input type="checkbox"/> Solar
	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Re-roof	<input type="checkbox"/> Other
<b>Permit Type:</b> (✓ all that apply)	<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical

Detailed Description of Work: \_\_\_\_\_

### Property Owner Information

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Licensed Contractor Information

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ Class: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Architect / Engineer Information

Architect / Engineer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

A Letter of Authorization from the contractor is required if the applicant is not the license holder. This letter must be on company letterhead and submitted before the application can be processed. It is the responsibility of the applicant of this application to verify all easements, right-of-ways, and development restrictions.

**NO INSPECTION WILL BE MADE PRIOR TO ISSUANCE OF A BUILDING PERMIT**

Please ✓ one:  I am the **Owner**  I am the **Contractor**  
 I am the **Authorized Agent** (must provide authorization letter)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Official Use

Received Stamp

Received by: \_\_\_\_\_  
Permit Finaled: \_\_\_\_\_

Complete back side

### 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 Professionals 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 Exception from Worker's Compensation Insurance and lend agency information are true and correct.

State of California Contractor's License #: \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City of Ripon Business License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contractor or Authorized Agent's Signature \_\_\_\_\_

### Worker's Compensation Declaration

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

Policy# \_\_\_\_\_ Company \_\_\_\_\_

Expiration Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

### Certificate of Exemption from Worker's 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 \_\_\_\_\_ Date \_\_\_\_\_

**NOTE 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 leading agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

### Owner Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from provision of Chapter 9, Division 3, B&D Code of the Contractor's License Law because: *(check any that apply)*

- #1 I am the owner of the above property and I will contract to have all of the work performed by a licensed contractor.
- #2 I am the owner of the property and the work will be partially accomplished in accordance with #1 and the other work will be accomplished in accordance with #3.
- #3 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 \_\_\_\_\_ Date \_\_\_\_\_

Print Name *(clearly)* \_\_\_\_\_

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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_