



City of Ripon

Building Department

259 N. Wilma Avenue ~ Ripon, CA 95366
Phone: (209) 599-2613 E-mail: buildingpermits@cityofripon.org

Application submissions with plans and or calculations must be submitted via mail or in person at the Building Department

Building Permit Application

*To ensure your application is processed please carefully fill in your application completely and accurately. *

Project Address: _____ **Lot, Bldg, Suite#:** _____

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

Applicant is: Property Owner* Contractor Architect/Engineer Authorized Agent(must provide an authorization letter)
(*If Property Owner complete pg 2 owner builder declaration)

| | | | |
|---------------------------------------|---|--------------------------------------|-------------------------------------|
| Project Type: (check one) | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| Construction Type: (check one) | <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel |
| | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Patio Cover | <input type="checkbox"/> Re-roof |

| | | | |
|--|-----------------------------------|-----------------------------------|-------------------------------------|
| Permit Type: (check 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

(Not Public Information During Application Process)

Property Owner Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

If Applicant is property owner, please provide E-Mail: _____

Contractor Information

Business Name: _____ Phone: _____

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.

I am **OWNER** I am **CONTRACTOR** I am **AUTHORIZED AGENT**
(no letter needed) (no letter needed) (must provide an authorization letter)

For City Office Use Only

Permit # _____

APN # _____ - _____ - _____

Business License _____

Contractor Lic Verification _____

ESCP Form _____ (retd) _____ (aprvd) _____

Plan Ck Pd. \$ _____ (ck#) _____

2nd Plan Ck Pd. \$ _____ Date Paid: _____

Other _____

For City Off Use Only

Received Stamp

Received by: _____

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

Please complete back side →

04/25

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. **City of Ripon Business License Required Prior To Permit Issuance**

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

City of Ripon Business License #: _____ Expiration Date: _____

Contractor or Authorized Agent's Signature: _____

Contractor 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.

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. (Subcontractors list is **REQUIRED** at permit issuance)
- #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: _____

*All contractors are **REQUIRED** to obtain a City Business License **prior** to conducting business within the City of Ripon. Operating a business without a City Business License is in **VIOLATION** of the Ripon Municipal Code Title 5. Failure to obtain such a license may result in inspections being suspended, delaying further work until such time a City Business License is obtained.

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.

I UNDERSTAND THAT IF THERE MISSING INFORMATION ON MY APPLICATON MY PERMIT WILL NOT BE PROCESSED.

Applicant Signature: _____ Date: _____

Printed Name: _____

Please note permit application and issued permits expire 6 months from date of receipt or issuance of permit