



CITY OF HUGHSON

Community Development Department, Building Division

7018 Pine Street * Hughson, California 95326 * Office 209.883.4054 Fax: 209.883.2638 * Email: mserrato@hughson.org

Building Permit Application

Date: _____

(Dept. Use Only)
Permit #: B - -

Project Information

Property Address: _____

Project Valuation (Material and Labor cost): \$ _____

Type of Permit

Check mark all that apply to this project:

Building Mechanical Plumbing Electrical Pool Demo

Building Type:	
Commercial	<input type="checkbox"/>
Industrial	<input type="checkbox"/>
Residential	<input type="checkbox"/>
Other	<input type="checkbox"/>

Construction Type:	
New Construction	<input type="checkbox"/>
Addition	<input type="checkbox"/>
Remodel	<input type="checkbox"/>
Other	<input type="checkbox"/>

Use for New Single-Family Dwellings	
House Sq. Ft.	_____
Patio Porch Sq. Ft.	_____
Garage Sq. Ft.	_____

Detailed description of work to be performed: _____

Property Owner Information

Property Owner Name: _____ Phone: _____

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

Email: _____

Tenant/Leasee Information

Tenant/Leasee Name: _____ Phone: _____

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

Email: _____

Contractor Information

Contractor Name: _____ Phone: _____

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

Email: _____

Contractor's License No: _____ Class: _____ Expires: _____

By my signature below, I certify to each of the following statements:

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 ordinance, rules, regulations, and State laws relating to building construction, and with any and all agents, and employees from any and all claims and liability for personal injury, including death, and property damage caused by, arising out of, or in any way connected with the issuance of this permit. I authorize representatives of the City of Hughson to enter the above mentioned property for inspections purposes.

Contractor, Property Owner or
Authorized Agent's Signature: _____

Print Name: _____ Date: _____

California 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 and that all of the information provided by me regarding this is true and correct.

Contractor's License #: _____ Class: _____ Expiration Date: _____

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

Contractor or Authorized Agent's Signature: _____

Worker's Compensation Declaration

I here affirm that I have a certificate of self-insured, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Labor Code).

Company: _____ Policy #: _____

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, and agree that.

NOTICE TO APPLICANT: If I should become subject to workers' compensation provision of Section 3700 of the Labor Code, I shall forthwith comply with those provisions or this permit shall be deemed revoked.

Applicant Signature: _____ Date: _____

Owner - Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from provisions fo Chapter 9, Division 3, B&D Code of the Contractor's License Law because (Check applicable statements)

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

I CERTIFY THAT I HAVE READ THIS APPLICATION AND THE INFORMATION I HAVE PROVIDED IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION. I AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE ABOVE-IDENTIFIED PROPERTY FOR INSPECTION PURPOSES.

Applicant Signature: _____ Date: _____

Print Name: _____



SMOKE ALARM AND CARBON MONOXIDE ALARM RETROFIT VERIFICATION

I, _____, and I, _____
(Print Property Owner's Name) (Tenant's Name - if same as Owner write "Same")

who own and/or live in the dwelling located at: _____,
(Address)

verify that the smoke and carbon monoxide alarms required by the California Residential Code (CRC) have been installed in the dwelling, in compliance with the code and with the manufacturer's instructions and further that they have been tested and do function properly.

In an effort to enhance life safety within dwellings, CRC Sections R314.6, R315.2 and CBC 420.4 requires the retrofit of these alarms in existing dwellings when alterations, repairs, or additions, requiring a permit and exceeding \$1,000 in value are made. Generally, the alarms must be hard wired (110 volt) with battery back-up and all alarms are to be interconnected. *Exceptions:* Alarms may be solely battery operated and not interconnected when there is no commercial power supply or the repairs or alterations do not include the removal of wall or ceiling finishes or there is no access by means of attic, basement, or crawl space. Alarms may be powered by other sources recognized for use by NFPA 720. Alarms may be solely battery operated or plug-in with battery pack back-up where repairs or alterations are limited to the exterior surfaces, such as roofing, siding, addition, or replacement of windows or doors, the addition of a porch or deck, installation, repair of plumbing or mechanical systems. If the installation of the alarms will require the removal of wall or ceiling finishes or there is no access by means of attic, basement or crawl space, then alarms may be solely battery operated and not interconnected.

Alarms must be installed in **all** of the following locations within the existing dwelling:

- In all bedrooms (only require Smoke Alarms)
- Immediately outside of each separate bedroom (Smoke and Carbon Monoxide Alarms)
- In each story level of the dwelling, including basements and habitable attic rooms (Smoke and Carbon Monoxide Alarms)

I have read and understand the above requirements and affirm by my signature that all required alarms mentioned above have been properly installed and tested. (Both signature lines below must be completed).

Signature of Owner

Date

Signature of Tenant

Date

ATTENTION OWNER - OCCUPANT:

This is a Voluntary Smoke and Carbon Monoxide Alarm verification procedure. If you prefer a Building Inspector to perform the verification, you must arrange to have an adult present at the time of inspection. NOTE: This Verification is only used when normal access to the interior of the dwelling by the City of Hughson Inspector is not achieved during the course of project construction. It is normally used for projects such as re-roofing, re-siding, patio covers, swimming pools and the like.