

County of Santa Clara

Department of Planning and Development

County Government Center, East Wing, 7th Floor

70 West Hedding Street

San Jose, CA 95110

Phone: (408) 299-5700

www.sccplandev.org



The following information is required in order to process your application:

Type or fill out legibly in pen only. **Job Valuation:** _____

BUILDING PERMIT NO.: _____

Project Name: _____

JOB LOCATION:

APN: _____ - _____ - _____ (Assessor's Parcel Number)

Address: _____ **City:** _____ **Zip Code:** _____

Cross Street: _____ **Bldg. Name:** _____ **Bldg #:** _____

PROJECT DESCRIPTION/SCOPE: _____ **Number of Devices:** _____

RESPONSIBLE PERSON/OWNER: _____ **Phone:** _____

CONTRACTOR: Owner/Builder (Check box) **E-mail Address:** _____

Company Name: _____ **Office Phone:** _____

Contact Name: _____ **Phone:** _____ **Fax:** _____

SCOPE OF WORK: (Check One)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Sprinkler Systems: <input type="checkbox"/> NFPA 13 | <input type="checkbox"/> NFPA 13-R | <input type="checkbox"/> NFPA 13-D | <input type="checkbox"/> NFPA 13-D Modular |
| <input type="checkbox"/> Fire Alarm/Detection System | <input type="checkbox"/> Fire Hydrants | <input type="checkbox"/> Standpipe System | <input type="checkbox"/> Fire Service Underground |
| <input type="checkbox"/> Hood & Duct System | <input type="checkbox"/> Clean Agent System | <input type="checkbox"/> Residential H2O System | <input type="checkbox"/> Sprinkler Monitoring Equipment |
| <input type="checkbox"/> Other _____ | | | |

Submittal shall include but not be limited to the following: Submit completed plans, workers' compensation insurance certificate, hydraulic calculations, seismic bracing load calculations, manufacturer cut sheets, and State Fire Marshal listing numbers to the online portal. Each address or building shall require a **separate** permit application.

WORKERS' COMPENSATION INSURANCE 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, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. 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 NO.:** _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manor so as to become subject to the workers' 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.

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 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provision of Chapter 9 (commencing in Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

LICENSE CLASS: _____ **LIC. NO.:** _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of the Santa Clara County Fire Marshal's Office (Santa Clara County Central Fire Protection District) to enter upon the above-mentioned property for inspection purposes.

(We) agree to save, indemnify and keep harmless the Santa Clara County Fire Marshal's Office and Santa Clara County Central Fire Protection District against liabilities, judgments, costs and expenses that may in any way accrue against said Department in consequence of granting this permit.

APPLICANT'S SIGNATURE _____ **DATE:** _____

PRINT NAME: _____ **COMPANY:** _____

Fee/Amount Paid: _____	Register Invoice#: _____
Date Paid: _____	Office Use Only PLAN CHECK NO.: _____