



# City of Pinole: Building Permit Application

Pinole City Hall  
2131 Pear Street  
Pinole, CA 94564

**APPLICANT: PLEASE COMPLETE SHADED AREAS**

<b>Date:</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<b>Valuation:</b>	<b>Received by:</b>	<b>Plan Check #</b>
<b>Job Site Address:</b>	<b>Contact Name:</b> <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____	<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical	<input type="checkbox"/> Demolition <input type="checkbox"/> Pool <input type="checkbox"/> Fence	NPDES <input type="checkbox"/> Project creates 10,000 sq. ft. or more of impervious surface. <input type="checkbox"/> Complete supplemental project Impervious Area Worksheet.
<b>Owner's Name</b>	<b>Owner's Phone</b>	Floor Area:	REROOFING PERMITS	
Address	Home (    )	Garage Area:	Type of Roof	
City/St/Zip	Work (    )	Deck Area:	Number of Squares	
<b>Contractor's Name</b>	<b>Architect's Name</b>		<b>Engineer's Name</b>	
Address	Address		Address	
City/St/Zip	City/St/Zip		City/St/Zip	
Phone	Phone		Phone	
	Registry #		Registry #	
<b>Description of Work</b>				

**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, 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 #:** \_\_\_\_\_

**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 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 3706 of the Labor Code, interest, and attorney's fees.

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 agency to enter upon the above-mentioned property for inspection purposes. I (We) further agree to save, indemnify and keep harmless the city of Pinole against liabilities, judgments, costs and expenses, which may in any way, accrue against said city in consequence of the granting of this permit and will pay all expenses including attorney's fees in connection therewith. All work performed by virtue of this permit must conform to plans and specifications and application filed by the owner or his authorized agent with the Building Inspection Division. This permit does not constitute approval of any violation of the above-recited provisions, nor of any state or city ordinance.

**Applicant** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_