



BUILDING PERMIT APPLICATION

City of Oxnard Service Center
214 S C Street, Oxnard CA 93030
www.oxnard.org/build 805 385-7925

| |
|--------------------|
| APPLICATION NUMBER |
| PROJECT VALUATION |

PROPERTY INFORMATION

| | | | | |
|---------------------|-------|--------|---------|----------|
| PROJECT ADDRESS | APN | TRACT | LOT NO. | UNIT NO. |
| PROPERTY OWNER NAME | PHONE | E-MAIL | | |

All general contractors, sub-contractors, architects, engineers, designers, and others conducting business with the City of Oxnard are required to maintain a current business license -Business Tax Certificate (BTC) For more information Contact Licensing Services (805) 385-7817

CONTACT INFORMATION

| | | | |
|-------------------------------------|-------|--------|----------------|
| CONTACT NAME | PHONE | E-MAIL | BTC# |
| CONTACT ADDRESS | CITY | ZIP | |
| CONTRACTOR / COMPANY NAME | PHONE | E-MAIL | BTC# |
| COMPANY ADDRESS | CITY | ZIP | STATE LICENSE# |
| ARCHITECT / ENGINEER / COMPANY NAME | PHONE | E-MAIL | BTC# |
| COMPANY ADDRESS | CITY | ZIP | STATE LICENSE# |

PROJECT INFORMATION

| | | | |
|--|-----------------------------------|----------------------------------|--------------------|
| SCOPE OF WORK | EXISTING DWELLING SQUARE FOOTAGE: | EXISTING GARAGE SQUARE FOOTAGE : | NUMBER OF STORIES: |
| Describe what is being built and its use below and attach a site plan identifying proposed work. | | | |
| | | | |
| | | | |

PLUMBING INDICATE # OF APPLICABLE PLUMBING FIXTURES BELOW:

| | | | | | | | | | | |
|--------------|-----------------|--------------|-------------------|---------------|-------------------|------------------|------------------------|------------------|---------------|---------------|
| BATH/SHOWER: | LAUNDRY WASHER: | DISH WASHER: | GARBAGE DISPOSAL: | LAVATORY: | BATHROOM SINK: | KITCHEN SINK: | TOILET/URINAL: | SHOWER PAN: | DRAIN: | WATER HEATER: |
| SEWER: | GREASE TRAP: | SAMPLE WELL: | LAWN SPRINKLER: | WATER SYSTEM: | BACK FLOW DEVICE: | GAS/FUEL OUTLET: | POOL/SPA ABOVE GROUND: | POOL/SPA INDOOR: | LAUNDRY TRAY: | OTHER: |

MECHANICAL INDICATE # OF MECHANICAL ITEMS BELOW:

| | | | | | | | | | | |
|-----------------|------------------|----------------------|------------|-----------------|------------|--------------|--------------|--------------|--------|--------|
| PROCESS PIPING: | HAZARDOUS: _____ | NON-HAZARDOUS: _____ | GAS: _____ | HEATING SYSTEM: | AC SYSTEM: | EVAP COOLER: | AIR HANDLER: | EXHAUST FAN: | HOODS: | OTHER: |
|-----------------|------------------|----------------------|------------|-----------------|------------|--------------|--------------|--------------|--------|--------|

ELECTRICAL INDICATE # OF ELECTRICAL ITEMS BELOW:

| | | | | | | | |
|---|--|--|---|--|---------------------------|--|--------------|
| SERVICE & SUB PANELS AMPS: _____ NO.: _____ NEW SERVICE?: _____ | TEMPORARY POWER MAIN: _____ SUB: _____ TYPE: <input type="checkbox"/> POLE <input type="checkbox"/> PEDESTAL | MOTORS NO: _____ H.P: _____ | TRANSFORMERS NO: _____ SIZE: _____ | GENERATORS NO: _____ WATTS: _____ | POOL: _____ SPA: _____ | OUTLETS: _____ SWITCHES: _____ LIGHT FIXTURES: _____ | OTHER: _____ |
|---|--|--|---|--|---------------------------|--|--------------|

SIGNS INDICATE # OF MECHANICAL ITEMS BELOW:

| | | | | | |
|-----------|-------------|-----------------------|--|--------------------------------------|-----------------|
| NO: _____ | TYPE: _____ | SIGN AREA (SF): _____ | <input type="checkbox"/> NON-ILLUMINATED | <input type="checkbox"/> ILLUMINATED | CIRCUITS: _____ |
|-----------|-------------|-----------------------|--|--------------------------------------|-----------------|

FIRE PERMITS UNDERGROUND LENGTH: _____ OVERHEAD AREA (SF): _____

| | | | | |
|------------------------------|---|--|--|-----------------------------|
| <input type="checkbox"/> NEW | <input type="checkbox"/> TENANT IMPROVEMENT | <input type="checkbox"/> FIRE SUPPRESSION SYSTEM | <input type="checkbox"/> FIRE ALARM SYSTEM | NO. OF ALARM DEVICES: _____ |
|------------------------------|---|--|--|-----------------------------|

ROOF PERMITS ROOF COVERING CLASS: A B

| | | | | |
|------------------|----------------------------------|------------------------|----------------|-------------------------------|
| ROOF AREA: _____ | ROOF PITCH (in 12 inches): _____ | LAYERS OF PAPER: _____ | GRADE #: _____ | DRIP EDGE SIZE: _____ X _____ |
|------------------|----------------------------------|------------------------|----------------|-------------------------------|

SPECIAL CONDITIONS Describe or detail additional information or specifications below.

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AUTHORIZATION

I certify that I have read this application and declare under perjury that the information contained herein is true, correct, and complete. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the city to enter upon the above mentioned property for inspection purposes. I am the owner of the structure listed on this permit or I represent the owner and am acting with the owner's full knowledge and consent.

Executed at City of Oxnard: _____ Date _____ Owner / Contractor Authorized Signature _____ Title _____

| FOR CITY OFFICE USE ONLY | | | | | | | | | | | | |
|-------------------------------------|--------------------------------------|--|--------------------------------------|-------------------------------------|--|---------------------------------|-------------------------------------|----------------------------------|---------------------------------------|---------------------------------|----------------------|--------------------|
| CLASS OF WORK | <input type="checkbox"/> NEW | <input type="checkbox"/> REPAIR | <input type="checkbox"/> FENCE | USE OF BUILDING | RESIDENTIAL | | | COMMERCIAL | | | NEW BUILDING SQ. FT. | DECK/PATIO SQ. FT. |
| | <input type="checkbox"/> ADDITION | <input type="checkbox"/> MOVE | <input type="checkbox"/> RE-ROOF | | <input type="checkbox"/> SINGLE-FAMILY | <input type="checkbox"/> RETAIL | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> MEDICAL | <input type="checkbox"/> MULTI-FAMILY | <input type="checkbox"/> OFFICE | | |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> DEMOLITION | | <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> PUBLIC | | | | | | | |
| ZONING | APPROVALS | REQUIRED | DATE | APPROVED BY | REMARKS | | | | | | | |
| PLANNING | BUILDING | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| BEDROOMS: | PLANNING | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| CONSTRUCTION TYPE: | FIRE | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| OCCUPANCY GROUP: | ELECTRICAL | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| MAX OCCUPANCY: | PARKS | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| STORIES: | SOURCE CONTROL | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| UNITS: | PERMIT APPROVED FOR ISSUANCE: | | | | | ISSUED BY: | | | | | | |

CITY OF OXNARD
Community Development- Building and Engineering
CONSTRUCTION PERMIT APPLICATION

PERMIT # _____

APN _____

Signatures Not Completed in the Presence of Department Staff Must be Notarized

#1 IDENTIFY YOUR BUILDING PROJECT

Property Location or Address: _____

This permit is to be issued in the name of the Licensed Contractor or the Property Owner as the permit holder of record who will be responsible and liable for the construction.

Property Owner Information: Name _____ Tel No _____

Mailing Address _____

Licensed Design Professional (Architect or engineer in charge of the project) Information:

Name _____ License No. _____ Tel No _____

Mailing Address _____

Description and valuation of work to be performed: _____

#2 IDENTIFY WHO WILL PERFORM THE WORK (Complete either 2a or 2b)

2a – 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.

Contractor Name and Address: _____

License Class and No. _____ Contractor Signature _____

2b – OWNER-BUILDER'S DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9) (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Property Owner or Authorized Agent signature _____ Date _____
***Signatures Not Completed in the Presence of Department Staff Must be Notarized

#3 IDENTIFY WORKERS' COMPENSATION COVERAGE AND LENDING AGENCY

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.

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, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No. _____

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 _____ Expiration Date _____
Name of Agent _____ Tel No _____

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 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.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address _____

#4 DECLARATION BY CONSTRUCTION PERMIT APPLICANT

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

I am a California licensed contractor or the property owner* or authorized to act on the property owner's behalf**.

I have read this construction permit application and the information I have provided is correct.

I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

**requires separate verification form*

California Licensed Contractor, Property Owner* or Authorized Agent**: ***requires separate authorization form*

Signature _____ Date _____
***Signatures Not Completed in the Presence of Department Staff Must be Notarized