



# 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

<b>SCOPE OF WORK</b>	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:
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**ELECTRICAL** INDICATE # OF ELECTRICAL ITEMS BELOW:

<b>SERVICE &amp; SUB PANELS</b> AMPS: _____ NO.: _____ NEW SERVICE?: _____	<b>TEMPORARY POWER</b> MAIN: _____ SUB: _____ TYPE: <input type="checkbox"/> POLE <input type="checkbox"/> PEDESTAL	<b>MOTORS</b> NO: _____ H.P: _____	<b>TRANSFORMERS</b> NO: _____ SIZE: _____	<b>GENERATORS</b> NO: _____ WATTS: _____	POOL: _____ SPA: _____	OUTLETS: _____ SWITCHES: _____ LIGHT FIXTURES: _____	OTHER: _____
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**SIGNS** INDICATE # OF MECHANICAL ITEMS BELOW:

NO: _____	TYPE: _____	SIGN AREA (SF): _____	<input type="checkbox"/> NON-ILLUMINATED	<input type="checkbox"/> ILLUMINATED	CIRCUITS: _____
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**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: _____
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**ROOF PERMITS** ROOF COVERING CLASS:  A  B

ROOF AREA: _____	ROOF PITCH (in 12 inches): _____	LAYERS OF PAPER: _____	GRADE #: _____	DRIP EDGE SIZE: _____ X _____
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**SPECIAL CONDITIONS** Describe or detail additional information or specifications below.


## 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	<b>APPROVALS</b>	<b>REQUIRED</b>	<b>DATE</b>	<b>APPROVED BY</b>	<b>REMARKS</b>							
PLANNING	<b>BUILDING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
BEDROOMS:	<b>PLANNING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
CONSTRUCTION TYPE:	<b>FIRE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
OCCUPANCY GROUP:	<b>ELECTRICAL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
MAX OCCUPANCY:	<b>PARKS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
STORIES:	<b>SOURCE CONTROL</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO										
UNITS:	<b>PERMIT APPROVED FOR ISSUANCE:</b>					<b>ISSUED BY:</b>						

**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

**PROPERTY OWNER'S PACKAGE**

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

**Disclosures & Forms for Owner-Builders Applying for Construction Permits****IMPORTANT! NOTICE TO PROPERTY OWNER**

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified at \_\_\_\_\_.

We are providing you with an Owner-Builder Acknowledgment and Information Verification Form to make you aware of your responsibilities and possible risk you may incur by having this permit issued in your name as the Owner-Builder. **We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned this form to us at our official address indicated.** An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the permitting authority.

**OWNER'S ACKNOWLEDGMENT AND VERIFICATION OF INFORMATION**

*DIRECTIONS: Read and **initial** each statement below to signify you understand or verify this information.*

\_\_\_\_ 1. I understand a frequent practice of unlicensed persons is to have the property owner obtain an "Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

\_\_\_\_ 2. I understand building permits are not required to be signed by property owners unless they are *responsible* for the construction and are not hiring a licensed Contractor to assume this responsibility.

\_\_\_\_ 3. I understand as an "Owner-Builder" I am the responsible party of record on the permit. I understand that I may protect myself from potential financial risk by hiring a licensed Contractor and having the permit filed in his or her name instead of my own.

\_\_\_\_ 4. I understand Contractors are required by law to be licensed and bonded in California and to list their license numbers on permits and contracts.

\_\_\_\_ 5. I understand if I employ or otherwise engage any persons, other than California licensed Contractors, and the total value of my construction is at least five hundred dollars (\$500), including labor and materials, I may be considered an "employer" under state and federal law.

\_\_\_\_ 6. I understand if I am considered an "employer" under state and federal law, I must register with the state and federal government, withhold payroll taxes, provide workers' compensation disability insurance, and contribute to unemployment compensation for each "employee." I also understand my failure to abide by these laws may subject me to serious financial risk.

\_\_\_\_ 7. I understand under California Contractors' State License Law, an Owner-Builder who builds single-family residential structures cannot legally build them with the intent to offer them for sale, unless *all* work is performed by licensed subcontractors and the number of structures does not exceed four within any calendar year, or all of the work is performed under contract with a licensed general building Contractor.

\_\_\_8. I understand as an Owner-Builder if I sell the property for which this permit is issued, I may be held liable for any financial or personal injuries sustained by any subsequent owner(s) that result from any latent construction defects in the workmanship or materials.

\_\_\_9. I understand I may obtain more information regarding my obligations as an "employer" from the Internal Revenue Service, the United States Small Business Administration, the California Department of Benefit Payments, and the California Division of Industrial Accidents. I also understand I may contact the California Contractors' State License Board (CSLB) at 1-800-321-CSLB (2752) or www.cslb.ca.gov for more information about licensed contractors.

\_\_\_10. I am aware of and consent to an Owner-Builder building permit applied for in my name, and understand that I am the party legally and financially responsible for proposed construction activity at the following address:

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\_\_\_11. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern Owner-Builders as well as employers.

\_\_\_12. I agree to notify the issuer of this form immediately of any additions, deletions, or changes to any of the information I have provided on this form. Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors' State License Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed Contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as Owner-Builder and wish to hire Contractors, you will be responsible for verifying whether or not those Contractors are properly licensed and the status of their workers' compensation insurance coverage.

**Before a building permit can be issued, this form must be completed and signed by the property owner and returned to the agency responsible for issuing the permit. Note: Signatures Not Completed in the Presence of Department Staff Must be Notarized.**

Signature of property owner \_\_\_\_\_ Date: \_\_\_\_\_

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*Note: The following Authorization Form is required to be completed by the property owner only when designating an agent of the property owner to apply for a construction permit for the Owner-Builder.*

**AUTHORIZATION OF AGENT TO ACT ON PROPERTY OWNER'S BEHALF**

Excluding the Notice to Property Owner, the execution of which I understand is my personal responsibility, I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project.

Scope of Construction Project (or Description of Work): \_\_\_\_\_

Project Location or Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_ Tel No \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy. **Note: Signatures Not Completed in the Presence of Department Staff Must be Notarized.**

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_