



Contractor's Information & Responsibility

Contractor's Responsibility:

CRC §R105.8

It shall be the duty of every person who performs work for the installation or repair of building, structure, electrical, gas, mechanical or plumbing systems, for which this code applicable, to comply with this code.

CRC §R109.1.6

Final inspection shall be made after the permitted work is complete and prior to occupancy.

CRC §R109.3

It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection. It shall be the duty of the person requesting any inspections required by this code to provide access to and means for inspection of such work.

Contractor's Information:

Contractor's Business Name: _____

CSLB License #:

License Classification(s)**:

** "B" licensed (only) Contractors may not pull permits for a single trade

Address:

Street

City

State

Zip

Phone #: ()

Email:

City of Atascadero Business License#

Active

New

One Job Only

Workers' Compensation Insurance:

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines, in addition to the cost of compensation, damages as provided for in section 3706 of the labor code, interest and attorney's fees.

Choose the option that applies to the license above:

Active Policy: 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 permits is issued. My active policy information is provided below:

Carrier:

Policy Number:

Expiration:

Self-Insured: I have and will maintain a certificate 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 Number: _____

Exempt: I certify that in the performance of the work for which this permits 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.

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. I have read the above information and agree to comply with all applicable City and County ordinances and State laws relating to building construction. The information I have provided above is correct and I am the authorized signer or have been authorized to sign for the license holder above.

X

Signature

Print Name

Date