

Mono County Community Development Department

Building Division

PO Box 347
Mammoth Lakes, CA 93546
760.924.1800, fax 924.1801
Inspection hotline : 760.924.1827
commdev@mono.ca.gov

PO Box 8
Bridgeport, CA 93517
760.924.1800, fax 924.1801
Inspection hotline : 760.924.1827
www.monocounty.ca.gov

Over-the-Counter BUILDING PERMIT APPLICATION

Contact the Building Permit Center at 760.924.1823 or 760.932.5420 to discuss specific submittal requirements. For *Over-the-Counter Permits*, include installation manuals for applicable mechanical equipment.

Scope of Work:

Project Valuation*:

Job Site & APN:

Conditioned Space sf _____ Garage/Storage sf _____ Covered Deck sf _____ Uncovered Deck sf _____

1. Applicant _____

Telephone (____) _____ E-mail _____

2. Plan Check Contact** _____

Mailing Address _____ Physical Address _____

City/State/Zip _____ E-mail _____

Telephone (____) _____ Fax (____) _____

3. Owner _____

Telephone (____) _____ E-mail _____

4. Contractor _____ OR Owner/Builder

Telephone (____) _____ E-mail _____

Contractor Lic. # _____ Mono County Business Lic. # _____

5. Engineer/Architect/Plan Designer

Telephone (____) _____ E-mail _____

The applicant warrants that the foregoing is true, and if any of this information is found to be incorrect, the permit may be revoked.

Owner/Applicant/Contact Signature

Date

* Leave blank if project includes the addition of new square footage. Written estimates for labor and materials may be requested and/or the Building Division may alter a stated valuation to ensure accuracy.

** Listing a design professional is strongly recommended. Corrections/plan sets will be returned to the designated contact only.

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LICENSED CONTRACTOR'S DECLARATION

For Mono County Building Permit Application

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.

License Class _____

License No. _____

Date _____

Contractor Signature _____

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WORKERS' COMPENSATION DECLARATION

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 hereby affirm under penalty of perjury one of the following declarations **(MUST INITIAL ONE)**:

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 Number _____

Expiration Date _____

Name of Agent _____

Phone # _____

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.

Signature of Applicant

Date