

**APPLICATION FOR PERMIT TO CONSTRUCT A HAZARDOUS MATERIALS FACILITY
[PERMIT EXPIRES 6 MONTHS FROM DATE OF APPROVAL]**

ATTACH TWO COPIES OF PLANS ASSOCIATED WITH PROPOSED CONSTRUCTION PROJECT
INCLUDE SPECIFICATION SHEETS FROM MANUFACTURER WHERE APPLICABLE

PERMIT NUMBER: _____ FEE PAID: \$ _____ DATE: _____

CASH REGISTER VALIDATION

Facility Name: _____

Address: _____ APN: _____

Owner/Operator: _____ Telephone: _____

Property Owner: _____ Telephone: _____

Contractor: _____ License Number: _____

Mailing Address: _____ Telephone: _____

E-mail Address: _____

Owner/Builder Declaration submitted: Yes No Not applicable

Scope of Work *[briefly describe the project]:*

SIGNATURE TITLE DATE

FOR OFFICE USE ONLY

PERMIT APPROVED BY: _____ DATE: _____ EXPIRATION DATE: _____

INSPECTED BY: _____ DATE: _____

FINALED BY: _____ DATE: _____

APPLICANT TO OBTAIN CLEARANCES:

HAZARDOUS MATERIALS FACILITY ROUTING AND CLEARANCE FORM

Address _____ APN _____

Project Name _____

Owner/Operator _____ Telephone _____

Contact Person _____ Telephone _____

CLEARANCES:

ZONING/PLANNING By: _____ Date _____

() APPROVED () NOT APPROVED () NOT APPLICABLE

Remarks: _____

BUILDING INSPECTION By: _____ Date _____

() APPROVED () NOT APPROVED () NOT APPLICABLE

Remarks: _____

FIRE AGENCY By: _____ Date _____

() APPROVED () NOT APPROVED () NOT APPLICABLE

Remarks: _____

ENVIRONMENTAL HEALTH By: _____ Date _____

() APPROVED () NOT APPROVED () NOT APPLICABLE

Remarks: _____

OTHER (RWQCB, AIR POLLUTION CONTROL DISTRICT, SANITARY DISTRICT, ETC.)

_____ By: _____ Date _____

() APPROVED () NOT APPROVED () NOT APPLICABLE

Remarks: _____

_____ By: _____ Date _____

() APPROVED () NOT APPROVED () NOT APPLICABLE

Remarks: _____

_____ By: _____ Date _____

() APPROVED () NOT APPROVED () NOT APPLICABLE

Remarks: _____

COUNTY OF SANTA CRUZ
HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE
701 Ocean Street, Room 312, Santa Cruz, CA 95060 (831) 454-2022

WORKER'S COMPENSATION INSURANCE

FACILITY NAME _____

SITE ADDRESS _____

PROPERTY OWNER'S NAME _____ PHONE: _____

OWNER-BUILDER DECLARATION

Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to provisions of the Contractors License Law (Chapter 9 [commencing with Section 7000] of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom 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 hereby affirm that I am exempt from the Contractors License Law for the following reason

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such 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 he or she did not build or improve for the purpose of sale.).
- I, as the owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

WORKER'S COMPENSATION DECLARATION

If you will not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California, fill out Section A. If you employ persons in a manner that will require you to provide Workers' Compensation Insurance or self-insurance you must fill in Section B and provide a copy of the insurance documents.

A. CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

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.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

B. WORKERS COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation insurance, or a certified copy thereof (Sec. 3800 Lab. C.).

Policy No. _____ Company _____

Certified copy is hereby furnished

Certified copy is filed with the County Building Inspection Department or County Environmental Health Department.

Date _____ Applicant _____