



BUILDING PERMIT APPLICATION

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY	
PERMIT NO.:	_____
DATE ISSUED:	_____ ISSUED BY: _____
RECEIPT NO.:	_____ TOTAL: \$ _____

PROPERTY/WORK DESCRIPTION

Site Address: _____ APN: _____

Commercial: Tenant name, and Suite Number: _____

Work Description: _____

RESIDENTIAL	COMMERICAL	OTHER	GRADING CUBIC YARDS: _____
ALTER/REPAIR/T.I.	ADDITION	NEW	OTHER: _____

Job Value (*includes design, material, and labor): _____

Total Sq. Ft. of project: _____ New Sq. Ft.: _____ Occupancy: _____ Use: _____

Construction Type: _____ Conditioned Sq. Ft. demo: _____ Unconditioned Sq. Ft. Demo: _____

Has this project been subject to Planning approval? Yes No If yes, provide application number: _____

Is the permit being pulled as "owner-builder"? Yes No If yes, owner-builder form required.

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

CONTRACTOR: _____

LICENSE #: _____ CLASS _____ EXP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

APPLICANT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

ARCHITECT/ENGINEER: _____

LICENSE #: _____ EXP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

APPLICANT SIGNATURE

I certify I have read this application and that the information I have provided herein is correct to the best of my knowledge. I agree to comply with all City, County, and State laws relating to building construction, and hereby authorize City Representatives to enter the project property for inspection purposes.

SIGNATURE

PRINT NAME

DATE

I represent the: Owner Contractor Authorized Agent (Please provide a signed "Agent Authorization Form" or letter)

NOTE: When properly validated this form constitutes a Building Permit. This permit expires and becomes null and void should work not commence with 180 days of approval, or construction be abandoned for a period of 180 days after work is commenced.

For additional information, forms & documents please visit us on the web at: City of Larkspur Building Department

OWNER-BUILDER'S DECLARATION - See separate form

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 fees.

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 #:** _____

I have and will maintain workers' compensation insurance, as required by Section 37400 of the Labor Code, for the performance of the work for which the permit is issued.

Carrier: _____ **Policy #:** _____ **Exp.:** _____

I certify that , in the performance for 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 forth with comply with those provisions.

SIGNATURE

PRINT NAME

DATE

CONSTRUCTION LENDING AGENCY DECLARATION

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which the permit is issued (Sec. 3097, Civil Code) **LENDER'S NAME AND ADDRESS:** _____

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 Professionals Code, and my license is full force and effect.

Contractor Name: _____ License No.: _____ Class: _____ Date: _____

CONTRACTOR SIGNATURE

PRINT NAME

DATE

DEPARTMENT APPROVAL (SIGNATURE)	DATE		
		PERMIT FEE	\$
		ELECTRICAL	\$
BUILDING:		PLUMBING	\$
PLANNING:		MECHANICAL	\$
PUBLIC WORKS:		SUBTOTAL	
FIRE:		TECH FEE 5% OF BASE/MEP (5% OF SUBTOTAL)	
PERMIT READY NOTIFICATION:		T-24 ENERGY INSULATION	\$
		ACCESSIBILITY COMPLIANCE FEE	\$
		GREEN BUILDING COMPLIANCE FEE	\$
COMMENTS:		PLAN CHECK	\$
		OUTSIDE PLAN CHECK	\$
		OUTSIDE PLAN CHECK ADMIN 5%	\$
		ORD. NO. 428/BEDROOMS	
		SMIP	\$
		PLAN RETENTION PAGES ___ SM ___ LG	\$
		PLANNING REVIEW	\$
		ENGINEERING REVIEW	\$
		FIRE REVIEW	\$
		ROAD IMPACT	\$
		GP MAINT FEE	\$
		SB 1473 REVOLVING FUND	\$
		PENATLY FEES OR	\$
		NON-RESIDENT CONTRACTOR	\$
		TOTAL	\$