

**COMMUNITY DEVELOPMENT DEPARTMENT**

1700 W. 162nd Street, Gardena CA 90247

TEL: (310) 217-9530

FAX: (310) 217-9698

**Building Permit Application**

Permit number

Job Address

Unit #

Date

Planning approval

 Existing Address New Address Property Owner  Tenants Architect  Engineer  Designer

Name

License No.

Address

Name

Company Name

City/State/Zip

Address

Phone No.

City/State/Zip

Email Address

Phone No.

Email Address

 Contractor  Owner-Builder**Applicant/Contact Person**

CA Lic No.: Lic. Class: City Lic No.:

Name

Company Name

Address

Address

City/State/Zip

City/State/Zip

Phone No.

Phone No

Email Address

**Valuation of Work: \$**

Sq. Ft.:

 Residential  Commercial  Industrial  Property is Part of a Home Owner's Association

Detailed Description of Work

**\*\*CERTIFICATIONS MAY BE REQUIRED FOR SPECIALIZED INSTALLATIONS\*\***

I hereby certify that I have read and examined this application and know that same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any State Contractors License law and will comply with all of its provisions before commencing the performance of work covered by this permit. I am also aware of the provisions of Section 3700 of the State Labor Code which requires every employer to be insured against liability of workmen's compensation or to undertake self-insurance with the provisions of that Code, and I will comply with such provisions before commencing the performance of work covered by this permit. I understand that the initial plan check fee is based on the information provided. Final valuation and other charges will be determined by the Building Official.

Signature

Print Name