



**COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION**

411 Main Street, 2nd Floor | P.O. Box 3420, Chico, CA 95927
(530) 879-6700 | www.chicoca.gov

Building Permit Application for Contractor-Designer

Property / Project Description

Assessor Parcel # _____ Permit # _____

Property Location or Address _____

Description of work to be performed _____

<p>Estimated Project Cost \$ _____ *REQUIRED</p> <p>All permit applications, plans & documents must be submitted in digital format through eTRAKiT online permit portal or the Upload Digital Plan Submittal link</p>

Applicant: Contractor Engineer Architect

Owner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Contractor Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Licensed Design Professional Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Licensed Contractor Declaration

City Business License No. _____ Permit # _____

Contractors State License No. and Class _____

****** _____ I hereby affirm under penalty of perjury that I am licensed under the 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.

Workers' Compensation Declaration

{This section need not be completed if the permit is for FIVE HUNDRED dollars (\$500), or less}

DIRECTIONS: Read and initial each statement below to signify you understand or verify this information.

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, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

_____ 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 # _____

_____ 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.

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 certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the City of Chico to enter upon the above-mentioned property for inspection purposes.

All fees are non-refundable 180 days after payment

Date _____ **Print Name** _____

Signature _____

Email all documents to buildingdocs@chicoca.gov or upload to [eTRAKiT](#) or the [Digital Plan Submittal Link](#).