CITY OF BRAWLEY **PERMIT APPLICATION**

____ BUILDING ____ PLUMBING ____ ELECTRICAL ____ MECHANICAL

____ NEW RESIDENTIAL ____ NEW POOL ____ REMODEL RESIDENTIAL
____ NEW COMMERCIAL ____ DEMOLITION ____ REMODEL COMMERCIAL
____ NEW INDUSTRIAL ____ **SCHOOL FORM REQ.** ____ REMODEL INDUSTRIAL

Applicant to complete numbered spaces only

SAMPLE ONLY

Job Address				
1 Legal Desc.	Lot #	Blk	Tract	Assessors' Parcel Number
2 Owner	Mail Address	Zip	Phone	
3 Contractor	Mail Address	Phone	License Number	
4 Architect or Engineer	Mail Address	Phone	License Number	
5 Use of Building	6 Special Conditions			
7 Describe Work:				

8 Valuation of Work: $		No. of Dwelling Units	Plan Check Fee	$
Type of Const.	Occupancy Group	Use Zone	Building Permit Fee	
		Size of Bldg.	Category 1 SM Tax	
		No. of Stories	Category 2 SM Tax	

**********NOTICE**********NOTICE**********NOTICE*****

_____EXEMPTION DECLARATION

I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED, I SHALL NOT EMPLOY ANYONE IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKERS' COMPENSATION INSURANCE LAWS OF CALIFORNIA.

Notice to Applicant: if after 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.

Signature Date

**********NOTICE**********NOTICE**********NOTICE*****

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE 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 OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION

Signature of Contractor or Authorized Agent Date

Signature of Owner (If owner Builder) Date

Plan Check Fee	
Building Permit	
Strong Motion	
Plumbing Permit	
Electrical Permit	
Mechanical Permit	
Sign Permit	
Right-of-way Const. (AC)	
Sewer Availability	
Impact Fees	
TOTAL	

PLUMBING PERMIT

No.	Type of Fixture or Item	Fee	
	Permit Fee	$	
	Water Closet (Toilet)		
	Bathtub		
	Lavatory (Wash Basin)		
	Shower		
	Kitchen Sink & Disp.		
	Dishwasher		
	Laundry Tray		
	Clothes Washer		
	Water Heater		
	Gas Systems: No. of Outlets		
	Water Piping & Treating Equip.		
	Sewer		
	Other		
	Sub-total Plumbing	$	

ELECTRICAL PERMIT

	Permit Fee		
	Main Service (amp.)		
	Breaker or Other Control Box		
	Switches, Lights, Outlets, Etc.		
	Motors, Transformers, Etc.		
	Other		
	Sub-total Electrical	$	

MECHANICAL PERMIT

	Permit Fee	$	
	Air Cond. Units--H.P. Ea.		
	Other		
	Other		
	Sub-total Mechanical	$	

Receipt # _____ Date _____ Permit Number

Clerk Initials _____

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