



# CITY OF DIXON

COMMUNITY DEVELOPMENT DEPARTMENT - BUILDING DIVISION  
600 EAST A STREET, DIXON, CA 95620  
PHONE: (707) 678-7005 • [BuildingDivision@cityofdixon.us](mailto:BuildingDivision@cityofdixon.us)  
BUILDING INSPECTION REQUEST LINE: (707) 678-7005 Opt 1

Permit # \_\_\_\_\_

Address \_\_\_\_\_

### Owner-Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from the Contractor's State 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.
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project.
- I am exempt under Sec. \_\_\_\_\_ of the Business and Professional Code for this reason: \_\_\_\_\_

### Construction Lending Agency

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued.

Lender's Name \_\_\_\_\_ Lender Address \_\_\_\_\_

### Workers' Compensation Declaration

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:

Policy No. \_\_\_\_\_ Carrier \_\_\_\_\_

(This section need not be completed if the permit is for \$100 or less)

- I certify that in the performance of the work for which the permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Coworkers' Laws of California and agree that if I should be subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions

Applicant \_\_\_\_\_ Date \_\_\_\_\_

*WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000 IN ADDITION TO THE COST OF THE COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES*

### Applicant Authorization of Permit

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 this City to enter upon the above mentioned property for inspection purposes. I (we) agree to save, indemnify and keep harmless the City of Dixon against liabilities, judgments, costs, and expenses which may in any way accrue against said City in consequences of the granting of this permit.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: When properly validated, this form constitutes a building permit. This permit expires and becomes null and void should work not be commenced within 180 days from validation date or should authorized construction be suspended or abandoned for a period of 180 days after work is commenced.*

### Licensed Contractors' Declaration

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.

License #: \_\_\_\_\_ Contractor Business Name: \_\_\_\_\_

Contractor \_\_\_\_\_ Date: \_\_\_\_\_