



City of Ripon Building Department

259 N. Wilma Avenue ~ Ripon, CA 95366
Phone: (209) 599-2613 ~ Fax: (209) 599-2183
E-mail: buildingpermits@cityofripon.org

Application submissions with plans/ calculations must be submitted via mail or in person at the Building Department.

For Office Use Only

Permit # _____
APN # _____ - _____ - _____
Business License _____
Contractor Lic Verification _____
ESCP Form ___ (retd) ___ (aprvd) ___
Plan Ck Pd. \$ _____ (ck#) _____

Building Permit Application

Project Address: _____ Lot, Bldg, Suite#: _____

Project Valuation (include all labor & materials): \$ _____ Bldg.sq. ft. _____ Garage sq.ft. _____

Project Type: (check one)	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	
Construction Type: (check one)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Solar
	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Re-roof	<input type="checkbox"/> Misc
Permit Type: (check all that apply)	<input type="checkbox"/> Building	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical

Detailed Description of Work: _____

Property Owner Information

Property Owner Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contractor Information

Business Name: _____ Phone: _____

Contractor License #: _____ Class: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Architect / Engineer Information

Architect / Engineer Name: _____ Phone: _____ License # _____

Address: _____ City: _____ State: _____ Zip: _____

- Applicant is:** Property Owner Contractor Architect/Engineer
 Authorized Agent (must provide an authorization letter)

A Letter of Authorization from the contractor is required if the applicant is not the license holder. This letter must be on company letterhead and submitted before the application can be processed. It is the responsibility of the applicant of this application to verify all easements, right-of-ways, and development restrictions.

Official Use

Received Stamp

Received by: _____

NO INSPECTION WILL BE MADE PRIOR TO ISSUANCE OF A BUILDING PERMIT

Please complete back side →

Contractor 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 Professions Code and that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exception from Worker's Compensation Insurance and lend agency information are true and correct.

State of California Contractor's License #: _____ Class _____ Expiration Date: _____

City of Ripon Business License # _____ Expiration Date: _____

Contractor or Authorized Agent's Signature _____

Contractor Declaration

I hereby affirm that I have a certificate of self-insured, or a certificate of Work's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy # _____ Company _____

Expiration Date _____ Applicant Signature _____

Certificate of Exemption from Worker's Compensation Insurance

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 Worker's Compensation Laws of California.

Applicant Signature _____ Date _____

NOTE TO APPLICANT: If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

Owner Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from provision of Chapter 9, Division 3, B&D Code of the Contractor's License Law because: *(check any that apply)*

#1 I am the owner of the above property and I will contract to have all of the work performed by a licensed contractor.

#2 I am the owner of the property and the work will be partially accomplished in accordance with #1 and the other work will be accomplished in accordance with #3.

#3 I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature _____ Date _____

Print Name *(clearly)* _____

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 THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant Signature _____ Date _____

Printed Name _____