



# City of Ripon

## Building Department

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

**\*Application submissions with plans and or calculations must be submitted via mail or in person at the Building Department\***

## Building Permit Application

\*To ensure your application is processed please carefully fill in your application completely and accurately. \*

**Project Address:** \_\_\_\_\_ **Lot, Bldg, Suite#:** \_\_\_\_\_

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

**Applicant is:**  Property Owner\*  Contractor  Architect/Engineer  Authorized Agent(must provide an authorization letter)  
(\*If Property Owner complete pg 2 owner builder declaration)

<b>Project Type:</b> (check one)	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
<b>Construction Type:</b> (check one)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel
	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Re-roof

  

<b>Permit Type:</b> (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

(Not Public Information During Application Process)

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If Applicant is property owner, please provide E-Mail: \_\_\_\_\_

### 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 \_\_\_\_\_

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.

I am **OWNER**  I am **CONTRACTOR**  I am **AUTHORIZED AGENT**  
(no letter needed) (no letter needed) (must provide an authorization letter)

### For City Office Use Only

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

APN # \_\_\_\_\_

Business License \_\_\_\_\_

Contractor Lic Verification \_\_\_\_\_

ESCP Form \_\_\_\_\_ (retd) \_\_\_\_\_ (aprvd) \_\_\_\_\_

Plan Ck Pd. \$ \_\_\_\_\_ (ck#) \_\_\_\_\_

2nd Plan Ck Pd. \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Other \_\_\_\_\_

### For City Off Use Only

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 Professionals 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. **City of Ripon Business License Required Prior To Permit Issuance**

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. (Subcontractors list is **REQUIRED** at permit issuance)
- #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: \_\_\_\_\_

\*All contractors are **REQUIRED** to obtain a City Business License **prior** to conducting business within the City of Ripon. Operating a business without a City Business License is in **VIOLATION** of the Ripon Municipal Code Title 5. Failure to obtain such a license may result in inspections being suspended, delaying further work until such time a City Business License is obtained.

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.

I UNDERSTAND THAT IF THERE MISSING INFORMATION ON MY APPLICATON MY PERMIT WILL NOT BE PROCESSED.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*Please note permit application and issued permits expire 6 months from date of receipt or issuance of permit\***