



# BUILDING PERMIT APPLICATION FORM

## CITY OF IMPERIAL

Planning and Development  
Building and Safety Division

420 South Imperial Avenue  
Imperial, CA 92251

Phone (760)355-1152 | Fax (760)355-4718

Permit Number (Office Use): \_\_\_\_\_

### Applicant/Owner Information

Applicant: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Contractor Information

CA Licensed Class: \_\_\_\_\_  
CA License Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business License Number: \_\_\_\_\_

*I hereby affirm that I am licensed under provisions of Chapter 9 of Division 3 of the state of California Business and Professions Code, commencing with Sec. 7000. and my licensed is full force and effect.*

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

### Owner-Builder Declaration

I, as owner of the property, building or improving structure thereon, or appurtenances thereto, will do the work myself or through my own employees with wages as their sole compensation. None of the structures, with or without the appurtenances thereto, are intended or offered for sale (Sec. 7044(a), Business and Professions Code). **NOTICE TO APPLICANT:** In all actions brought in the Contractor's State License Law, proof of sale or offering for sale of any structure by the owner-builder within one year after completion of same constitutes a rebuttable presumption affecting the burden of proof that such structure was undertaken for purpose of sale.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Workers' Compensation Declaration

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 agreed 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Project Information

Project Location (address): \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Existing Zoning: \_\_\_\_\_

Parcel/Lot Size: \_\_\_\_\_

Valuation: \_\_\_\_\_

Building Sq Ft: \_\_\_\_\_

**Detailed Project Description (attach additional sheets if necessary):**

## Indemnification Agreement

Applicant and Owner agree, as part of and in connection with each and any of the application(s), to defend, indemnify, and hold harmless the City of Imperial ("City") and its officers, contractors, consultants, attorneys, employees and agents from any and all claim(s), action(s), or proceeding(s) (collectively referred to as "proceeding") brought against City or its officers, contractors, consultants, attorneys, employees, or agents to challenge, attack, set aside, void, or annul. Any approvals issued in connection with any of the above described application(s) by City. Applicant's defense and indemnification of City set forth herein shall remain in full force and effect throughout all stages of litigation including any and all appeals of any lower court judgments rendered in the proceeding. After review and consideration of all of the foregoing terms and conditions, Applicant, by its signature below, hereby agrees to be bound by and to fully and timely comply with all of the foregoing terms and conditions.

Executed at \_\_\_\_\_ California on \_\_\_\_\_, 20 \_\_\_\_\_

### Applicant

### Property Owner

(If different from Applicant)

By: Signature: \_\_\_\_\_

By: Signature: \_\_\_\_\_

Printed Name

Printed Name

Title: \_\_\_\_\_

Title: \_\_\_\_\_

## Signatures

The undersigned hereby declare and certify that they are all the owners of the property described in this application and that the information stated above and on forms, plans and other materials submitted herewith in support of the application is true and correct to the best of our knowledge.

### Applicant

### Property Owner

(If different from Applicant)

By: Signature: \_\_\_\_\_

By: Signature: \_\_\_\_\_

Printed Name

Printed Name

Title: \_\_\_\_\_

Title: \_\_\_\_\_