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 Calexico, CA 92231  
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 building@calexico.ca.gov

# City of Calexico

## Development Services Department

### Building & Safety Division

### Building Permit Application

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

### Contractor's Application

PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY

**Project Address:** \_\_\_\_\_ **City:** Calexico

|   |                   |                                    |                                   |                                   |
|---|-------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <b>Property Owner Information:</b>                              |                   | <input type="checkbox"/> Architect | <input type="checkbox"/> Designer | <input type="checkbox"/> Engineer |
| Name: _____   |                   | Name: _____                        |                                   |                                   |
| Address: _____  |                   | Address: _____                     |                                   |                                   |
| City/ State/ Zip _____  |                   | City/ State/ Zip _____             |                                   |                                   |
| Phone (____) _____  | Fax: (____) _____ | Phone (____) _____                 | Fax: (____) _____                 |                                   |
| Email Address: _____  | Cell (____) _____ | Email Address: _____               | Cell (____) _____                 |                                   |
| <i>Jurisdiction may require property owner's identification</i> |                   | State License # (required) _____   |                                   | City License # (required) _____   |

**Project Contact Person:** \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ Email Address: \_\_\_\_\_

**Licensed Contractor's Information**

|                                   |   |
|-----------------------------------|---|
| State License #: (required) _____ | City Business License #: (required) _____ |
| Company Name: _____               | Phone #: (____) _____                     |
| Address: _____                    | Email Address: _____                      |
| City/ State/ Zip Code: _____      | Fax #: (____) _____                       |

**Licensed Contractors 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 my license is in full force and effect.*

**Date:** \_\_\_\_\_ **Contractor Signature:** \_\_\_\_\_

**Worker's Compensation Declaration**

Warning: Failure to secure worker's compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in section 3706 of the Labor code, interest, and attorney's fees.

I hereby affirm under penalty of perjury one of the following declarations:

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:

|                     |                     |                       |
|---------------------|---------------------|-----------------------|
| Carrier Name: _____ | Policy Number _____ | Expiration Date _____ |
| Name of Agent _____ | Phone Number _____  |                       |

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.  
 Policy Number: \_\_\_\_\_

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 agree 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 of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_ **Construction Valuation:** \$ \_\_\_\_\_

**City of Calexico Building & Safety Division  
Building Permit Application (Page 2 of 2)**

**Please print clearly and fill in all that apply**

**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 (Sec. 3097, Civ. C.).

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

LEGAL DESCRIPTION OF PROPERTY:

Assessor's Parcel # \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Subdivision: \_\_\_\_\_

**Description of Building: (Please fill in and mark all that apply)**

NON RESIDENTIAL     RESIDENTIAL

- |                                       |  |  |   |                                      |  |
|---------------------------------------|--|--|---|--------------------------------------|--|
| <input type="checkbox"/> Office/ Bank | <input type="checkbox"/> Single Family | <input type="checkbox"/> Duplex          | <input type="checkbox"/> Townhouse        | <input type="checkbox"/> Condominium | <input type="checkbox"/> Apartment Bldg  |
| <input type="checkbox"/> Hotel/Motel  | <input type="checkbox"/> Industrial    | <input type="checkbox"/> Service Station | <input type="checkbox"/> Medical Building | <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Church/Assembly |
| <input type="checkbox"/> Store        | <input type="checkbox"/> Other: _____  |  |   |                                      |  |

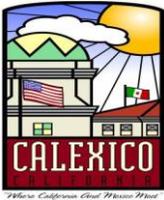
|                                       |  |  |  |                                  |  |
|---------------------------------------|--|--|--|----------------------------------|--|
| Building Area                         | s.f.   | Building Height                            | s.f.   | Stories:                         |  |
| Type of Construction:                 | Occupancy:   |  | Zone:  | Fire Sprinklers?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hazardous Materials                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Existing Use                               |  | Proposed Use:                    |  |
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition                        | <input type="checkbox"/> Alteration        | <input type="checkbox"/> Demolition (Provide Recycle Plan) | <input type="checkbox"/> Sign    | <input type="checkbox"/> Tenant Improvement              |
| <input type="checkbox"/> Slab only    | <input type="checkbox"/> Re-roof                         | <input type="checkbox"/> Swimming pool/spa | <input type="checkbox"/> Fence                             | <input type="checkbox"/> Carport | <input type="checkbox"/> Garage Enclosure                |
| <input type="checkbox"/> Electrical   | <input type="checkbox"/> Plumbing                        | <input type="checkbox"/> Mechanical        | <input type="checkbox"/> Fire Repair                       | <input type="checkbox"/> Patio   | <input type="checkbox"/> Other: _____                    |
| <b>EXISTING:</b>                      | Floor Area:  | s.f.                                       | Garage Area:   | s.f.                             | Other: s.f. # of Units                                   |
| <b>PROPOSED:</b>                      | Floor Area:  | s.f.                                       | Garage Area:   | s.f.                             | Other: s.f. # of Units                                   |
| <b># of Bedrooms</b>                  | _____  | <b># of Bathrooms</b>                      | _____  | <b>Total # of Rooms:</b>         | _____  |

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 declare under perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy.

Property Owner's / Licensed Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

|   |                                       |                             |   |                              |                                       |                             |                              |                              |                                       |                             |                   |           |  |
|---|---------------------------------------|-----------------------------|---|------------------------------|---------------------------------------|-----------------------------|------------------------------|------------------------------|---------------------------------------|-----------------------------|-------------------|-----------|--|
| <b><u>Plan Check</u></b>  | <input type="checkbox"/> Yes \$ _____ | <input type="checkbox"/> No | <b>Building Div.</b>  | Date Paid                    | <input type="checkbox"/> Yes \$ _____ | <input type="checkbox"/> No | <b>Planning Div.</b>         | Date Paid                    | <input type="checkbox"/> Yes \$ _____ | <input type="checkbox"/> No | <b>Fire Dept.</b> | Date Paid |  |
| <b><u>Route to:</u></b>   |                                       |                             |   |                              |                                       |                             |                              |                              |                                       |                             |                   |           |  |
| <input type="checkbox"/> Planning <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Utility <input type="checkbox"/> Engineering <input type="checkbox"/> Police <input type="checkbox"/> Building <input type="checkbox"/> Other: _____ |                                       |                             |   |                              |                                       |                             |                              |                              |                                       |                             |                   |           |  |
| <b>Recycle Plan</b>   | <input type="checkbox"/> Yes          | <input type="checkbox"/> No | <b>Grading Plans</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No           | <b>School Fees</b>          | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |                                       |                             |                   |           |  |
| <b>Special Inspection</b>   | <input type="checkbox"/> Yes \$ 84.00 | <input type="checkbox"/> No | <b>Health Dept. Approval</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No           | <b>Art In Lieu</b>          | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |                                       |                             |                   |           |  |
| <b>Notice to Property Required</b>  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No | <b>Owner's Acknowledgement and Verification of Information Required</b> |                              |                                       |                             |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No           |                             |                   |           |  |



City of Calexico  
**Department of Community Development**  
*Construction/ Demolition Reuse and Recycling Plan Form*

The City of Calexico is requesting that all applicants prepare a waste management and recycling plan by completing the following form for construction and demolition materials produced as a result of work performed in the City of Calexico. The City requires that contractors recycle materials when there is a viable recycling company available.

The Imperial Valley Waste Management Task Force staff will provide assistance to applicants in developing and implementing the waste management and recycling plan by calling (760) 337-4537

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB SITE: \_\_\_\_\_ FAX: \_\_\_\_\_

Please fill out the following form for submittal. The form will help to identify the types of materials, estimated quantities of material and how the material will be transported and recycled or disposed. If you have any questions regarding the form or recycling and disposal, please call (760) 337-4537.

Circle the material that will be generated at the construction site, estimate the quantity, list how the materials will be transported and write in where the materials will be taken.

| MATERIALS                          | ESTIMATE QUANTITY<br><i>(in yards and tons)</i> | HAULER<br><i>(List hauler's name of not self-haul)</i> | RECYCLING COMPANY<br>OR DISPOSAL SITE<br><i>(If self-haul)</i> |
|------------------------------------|---|--|--|
| Salvage and used building material |   |  |  |
| <b>Wood</b>                        |   |  |  |
| <b>Plant Debris</b>                |   |  |  |
| <b>Wallboard</b>                   |   |  |  |
| <b>Glass</b>                       |   |  |  |
| <b>Soil</b>                        |   |  |  |
| <b>Corrugated cardboard</b>        |   |  |  |
| <b>Metals</b>                      |   |  |  |
| <b>Masonry Tile</b>                |   |  |  |
| <b>Concrete/Asphalt</b>            |   |  |  |

# WASTE MANAGEMENT REPORT FOR CONTRACTORS

JOB SITE LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

MATERIAL: \_\_\_\_\_

WAS THE MATERIAL RECYCLED?      YES      NO

RECYCLING COMPANY OR DISPOSAL SITE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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***FOR OFFICE USE ONLY (UTILITY SERVICES)***

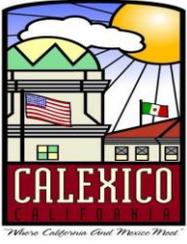
**Approval Status:**

Approved: \_\_\_\_\_  
Date

Denied: \_\_\_\_\_  
Date

Further Explanation needed, see attached

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_



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Notice to Property Owner

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified at \_\_\_\_\_.

We are providing you with an "Owner-Builder Acknowledgement and Information and Verification" form to make you aware of your responsibilities and possible risk you may incur by having this permit issued in your name as the Owner-Builder.

We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned this form to us at our official address indicated. An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the permitting authority.

Sincerely,

City of Calexico  
Community Development Department  
Building Division

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Aviso al Dueño de la Propiedad(es)

Estimado Propietario:

Una aplicación para un permiso de obras ha sido sometida en su nombre el cual lo nombra como el constructor de las mejoras de la propiedad ubicada en \_\_\_\_\_, Calexico.

Les estamos proporcionando con una forma "Reconocimiento y Verificación del Propietario-Constructor Sobre Información" para enterarlo de sus responsabilidades y posible riesgos que usted puede contraer teniendo este permiso publicado en su nombre como el Propietario-Constructor.

El permiso de obras será otorgado hasta que usted haya leído, haya puesto sus iniciales reconociendo y verificando que acepta cada una de las provisiones estipuladas en la forma. Después de firmar esta forma tiene que entregarla a la dirección oficial indicada. Un agente del propietario no puede ejecutar esta nota a menos que usted, el dueño de la propiedad(es), obtenga la aprobación previa de la autoridad permitida.

Atentamente,

Ciudad de Calexico  
Departamento de Desarrollo Comunitario  
División de Construcción