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# City of Calexico

## Development Services Department

### Building Division

### Re-Roof Application

Date Received: \_\_\_\_\_  
 Plan Check #: \_\_\_\_\_

### Contractor's Application

**PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY**

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

<u>Property Owner Information:</u>		<u>Licensed Contractor's Information</u>	
Name:		Company 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)
<b>Project Contact Person:</b>		Phone #: ( )	Fax # ( )
<b>Address:</b>		Email Address:	

**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.*

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

### 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:

<b>Carrier Name:</b>	_____	<b>Policy Number</b>	_____	<b>Expiration Date</b>	_____
<b>Name of Agent</b>	_____			<b>Phone Number</b>	_____

- 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.

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

<b>Description of Work:</b>	<input type="checkbox"/> Commercial S.F. (240.00) per 1,000	<input type="checkbox"/> Residential S.F. (\$149.00) per 1,000 s.f	<b>Construction Valuation:</b> \$ _____
	<input type="checkbox"/> Multi-Family (\$206.00) per 1,000		

- I hereby affirm under penalty of perjury that I am responsible for the proper disposal of any residues that can be generated due to the nature of the work I'll be performing. Failure to comply with this shall be subject to criminal penalties and civil fines according to the authorities in charge.
- I hereby affirm under penalty of perjury that I am submitting attached with this application a site plan showing the existing main service panel (MSP), the existing main service line (MSL), and the scope of work. As well, comply with all observations building division could do.

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