



City of Huntington Beach

Department of Community Development

PERMIT DISCLOSURE FORM

2000 Main Street, Huntington Beach, CA

92648 Office: (714) 536 - 5241 Fax:

(714) 374 - 1647

FOR OFFICE USE ONLY

Permit Number: _____ Address _____

WORKERS COMPENSATION DECLARATION ~ CONTRACTORS ONLY ~

LICENSED CONTRACTOR'S 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.

License Class

License No.

Contractor Signature

Date

WORKERS' COMPENSATION DECLARATION

WARNING: FAILURE TO SECURE WORKERS' 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 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.

____ 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

Policy Number

Exp. Date

Signature

Phone #

____ 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.

I certify that I have read this construction application and that the information I have provided is correct, I agree to comply with all City and County ordinances and State Laws relating to building construction. I authorize representatives of this City or County to enter upon the above-identify property for inspection purposes.

I understand that all refunds are subject to a processing fee as listed in the City Master Fee Schedule

Signature

Date