



City of Ukiah

COMMUNITY DEVELOPMENT DEPARTMENT

300 SEMINARY AVENUE UKIAH, CA 95482

BUILDING DIVISION

Email: buildingdivision@cityofukiah.com
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Phone: 707-467-5786
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BUILDING PERMIT APPLICATION

Form containing fields for Value of Work (\$5,000), Assessor Parcel Number (002-224-13), Use of Building (HOTEL), Building Address (272 N. STATE ST.), Description of Work (TEMPORARY SHORING), Building Owner Name (TOM CARTER), Designer Name (RICHARD RUFF), Contractor Name (MARK ZIMMERSCHIED), and various declarations.

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not be constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Signature of Property Owner or Authorized Agent:

Date:

12-6-24

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.

Policy No.: _____

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:

STATE FUND

Policy Number:

[REDACTED]

Expiration Date:

Name of Agent:

LINCOLN LEVITT

Phone #:

[REDACTED]

Verified By (City Staff):

CERTIFICATE OF EXEMPTION FROM WORKMAN'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 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 applicant:

[Signature]

Date:

12-5-24

DECLARATION REGARDING 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 (Section 3097, Civil Code).

Lender's Name:

Lender's Address:

By my signature below, I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.

Signature of Property Owner or Authorized Agent:

Date:

Permit Expiration: This permit expires by limitation is work authorized is not commenced within 180 days or is abandoned for 180 days or more. An inspection is required to verify this, otherwise the Permit will expire. Permits may be extended for 180 days by written request prior to expiration.