



BUILDING PERMIT APPLICATION

PULLED BY LICENSED CONTRACTOR

Development Services Department - Building and Safety Division
 1052 Tata Lane, South Lake Tahoe, California 96150-6251
 (530) 542-6010 · (530) 541-7524 FAX · PermitCenter@CityofSLT.US

* USE THIS FORM ONLY IF YOU ARE A LICENSED CONTRACTOR	OFFICE USE ONLY: PERMIT NUMBER: _____
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PROJECT ADDRESS: _____	RESIDENTIAL: _____	NON-RESIDENTIAL: _____
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PROPERTY OWNER INFORMATION (REQUIRED)

NAME: _____		
MAILING ADDRESS: _____	CITY, STATE, ZIP: _____	
PHONE: _____	CELL: _____	EMAIL: _____

CONTRACTOR INFORMATION

CONTRACTOR NAME: _____		
MAILING ADDRESS: _____	CITY, STATE, ZIP: _____	
PHONE: _____	CELL: _____	EMAIL: _____
STATE LICENSE #: _____	LICENSE TYPE: _____	EXPIRATION DATE: _____
CITY BUSINESS LIC. # (REQUIRED): _____		EXPIRATION DATE: _____

PROJECT VALUE: \$ _____	PERMIT TYPE: _____	
IS THIS HOME IN AN HOA? YES: _____ (IF YES, APPROVAL LETTER FROM HOMEOWNERS' ASSOCIATION IS REQUIRED WITH APPLICATION) NO: _____		

FULL SCOPE OF WORK TO BE PERFORMED (ATTACH SHEET IF MORE ROOM NEEDED):

Workers' Compensation Declaration: Must select option below. 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 fees.

<input type="checkbox"/>	I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
<input type="checkbox"/>	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 (this section need not be completed if the permit is for one hundred dollars (\$100.00) or less):

CARRIER: _____	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.	

<input type="checkbox"/>	Construction Lending Agency Declaration (if applicable): 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.).
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I hereby affirm under penalty of perjury to the above Workers' Compensation Declaration and 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. Application is hereby made to the Building Official for a permit subject to the conditions and restrictions set forth on this application and the following:

<input type="checkbox"/>	The City's approved plans and Permit Inspection Card must remain on the job site for use by City Inspection Personnel.
<input type="checkbox"/>	Final inspection of the work authorized by this permit is required. A Certificate of Occupancy must be obtained prior to use and occupancy of new buildings, structures, and remodeling work.

I certify that I have read this application and state that the above information is correct and that I am the duly authorized agent of the owner. I agree to comply with all City and state laws relating to building construction. I hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption from the Worker's Compensation provisions of the Labor Code, I should become subject to such provisions, I will forthwith comply. In the event I do not comply with Worker Compensation Law, this permit shall be deemed revoked.

CONTRACTOR SIGNATURE: _____	DATE: _____
PRINT AND SIGN OR SIGN WITH DIGITAL SIGNATURE	

IF YOUR PROJECT IS A TRPA QE, PLEASE PROVIDE THE TRPA QE APPLICATION ALONG WITH THE CITY APPLICATION. CLICK [HERE](#) FOR LINK.
NOTE FOR DECKS AND SHEDS: PHOTOS REQUIRED OF LENGTH AND WIDTH SHOWING CURRENT SIZE OF DECK, AS WELL AS VIEWS FROM BACK AND SIDE YARD OF UNIT TO BE REPLACED, PER TRPA QE INSTRUCTIONS.

KITCHEN OR BATHROOM REMODELS: REQUIRE DRAWINGS OF EXISTING LAYOUT AND PROPOSED LAYOUT OF ROOM BEING REMODELED, TO SCALE, WITH CODE UPGRADES ON 8" x 11" PAPER. SEE EXAMPLES AND CODE REQUIREMENTS VIA THESE LINKS: [TIP SHEETS: KITCHEN](#); [BATHROOM](#).

Plan review expires by time limitation and becomes null and void if the permit is not issued within 180 days from the date of plan submittal. This permit expires and becomes null and void if any work authorized by this permit is suspended or abandoned within 12 months, or if no progressive work has been verified by a City Building Inspector for a period of 12 months.



ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Credit Card Authorization Form may be used for immediate project intake. Fees may alternatively be calculated by staff at intake. Project cannot be taken in until fees are collected. For assistance in calculating your fees prior to project submittal, please contact the Permit Center.

ADDRESS OF PROPERTY _____

APN _____ UNIT # _____

Sign and complete this form to authorize the City of South Lake Tahoe to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, authorize **City of South Lake Tahoe** to charge my credit
(full name)

card for the permit in which I am applying, on or after _____. This payment is for

(Select one): Building Permit Planning Permit Hosted Rental/QVHR Permit

at _____.
(Property Address)

Billing Address _____ Zip _____

Cardholder Name _____

Card Number _____ Expiration Date _____

CV2 (3-digit number on back of Visa, MC, Discover; 4 digits on front of AMEX) _____

SIGNATURE: _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.