

SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, California 95066

(831) 438-0211

Fax (831) 438-0383

PERMIT APPLICATION

DATE: _____ APN: _____

ADDRESS OF INSTALLATION: _____

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ CITY _____ ZIP _____

LICENSE CLASS: _____ LICENSE #: _____

PERMIT FOR:

NEW _____ ADDITION _____ MODIFICATION _____

SPRINKLER SYSTEM _____ FIXED FIRE SYSTEM _____ HAZARDOUS MATERIALS _____ ALARM SYSTEM _____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under applicable provisions of the California Business and Professions Code and my license is in full force and effect.

APPLICANT: _____

Worker's Compensation Insurance Certification on File? _____

Scotts Valley City Business License # _____

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, district and state laws relating to building construction, fire and life safety, and hazardous materials and hereby authorize representatives of the District to enter upon the above mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT _____ DATE _____

APPROVED FOR ISSUANCE:
FEE: _____ DATE: _____ INITIALS: _____

WORKERS' COMPENSATION DECLARATION

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, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

- I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier _____

Policy Number _____

- I certify that in the performance of any business activities for which this license 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 the provisions of Section 3700.

Name _____ Date _____

Address _____ Signature _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$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.