INSTRUCTIONS: To apply for a fax/mail permit, complete this two-sided form and fax or mail following items to the number listed below along with:
1. Copy of Worker’s Compensation Policy,
2. Copy of your Contractor’s License,
3. Copy of San Mateo Business License

NOTE: City Business License # is required (for contractors) - see Box #6. Incomplete applications will not be processed. Any questions regarding this form or the fax/mail permit process, please call (650) 522-7172.

MAIL TO: City of San Mateo, Building Division, 330 W. 20th Ave. San Mateo, CA 94403, or
FAX TO: City of San Mateo, Building Division at (650) 522-7171.

1  Project Address: Unit #: Floor:

2  Use of Building: ❑ Single Family ❑ Duplex ❑ Multi-Family ❑ Mixed-Use ❑ Commercial

Work Description: (Check boxes that apply)

❑ Re-roof with material weighing less than 6 pounds per square foot. # Squares: _________ Roof Class: _______
New Plywood Sheathing? ❑ Yes ❑ No
Roof Description: ____________________________________________________________
❑ Electrical Service up to 400 amps in existing building # Amps: _________(Same location only, no relocation)
(Except High Voltage, Health Care Facilities, Hazardous Locations and Emergency Systems)
❑ Branch Circuits (20 amp circuits, up to 40 120-V circuits, up to 25 277-V circuits)
❑ Replace Gas Water Heater ❑ Same Location ❑ New Location___________ Size: ______Gallons _______# of BTU’s
❑ Replace of existing Tankless Water Heaters . (New Tankless Water Heaters must be applied for at the counter. You must supply gas pipe sizing calculation, pipe distances, the manufacturer, model number and BTU’s is also required).
❑ Lawn Sprinklers (backflow prevention device)
❑ Gas Heaters (Unit Heaters) ❑ Gas Furnaces (Wall Heaters) Furnace ______________ # of BTU’s
(New/Replacement of Furnace in Attic must be applied for at the counter; plans will be required)

All other permits must be applied at the Building Division Counter

Valuation of Project: $

4  Property Owner’s Name: Number & Street Name: City & Zip Code: Phone Number:

5  Applicant Information: ❑ Agent for Owner ❑ Owner-Builder ❑ Agent for Contractor ❑ Contractor
Applicant’s (Contact) Name: Number & Street Name: City & Zip Code: Phone Number:
Company Name: E-Mail Address: Fax Number:

6  Contractor’s Name: Number & Street Name: City & Zip Code: Phone Number:
Business License #: Contractor’s State License #: License Class:
Unless a shorter period of time has been established by an official action, plan check approval expires 180 days after the plan check fee has been paid per SMCC 23.06.037 and UAC 304.4. This permit expires 180 days after the fee has been paid and construction has not commenced or if work is suspended or abandoned at any time after the work is commenced for a period of 180 days per UAC 303.4.

7. 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. If doing work on a residential property, I certify that I hold a valid certification as a Home Improvement Contractor per B&P Code, Section 7150.2c. The following applies to B contractors only: I understand the limitations of Section 7057 related to my ability to take prime contracts or subcontractors involving specialty trades.

License Class: ___________________________ Lic. No.: ___________________________ Print Name: ___________________________ Signature: ___________________________

8. WORKER'S 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 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 21700 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: ___________________________
☐ 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.

Sign: ___________________________ Date: _____/_____/______ ☐ Contractor ☐ Authorized Agent ☐ Owner

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.

9. 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 (Sec. 3097, Civil Code).
Lender's Name: ___________________________ Lender's Address: ___________________________

10. ASBESTOS REMOVAL:
Notification of asbestos removal: ☐ Is not applicable ☐ Letter was sent to the BAAQMD Sign: ___________________________ Date: _____/_____/______

11. OWNER-BUILDER DECLARATION:
I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 703 1.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars ($500):
☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. However, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.)
☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.)
☐ I am exempt under Sec. __________ Bus. & Prof. Code for the following reason:

Print: ___________________________ Sign: ___________________________ Date: _____/_____/______ ☐ Authorized Agent ☐ Owner
12. FINAL DECLARATION:
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 ordinance and slate laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Print: ________________________ Sign: ________________________ Date: ____/____/____  ❑ Authorized Agent  ❑ Owner  ❑ Contractor


COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
330 West 20th Avenue :: San Mateo, CA 94403
650 522-7172 :: www.cityofsanmateo.org
Monday – Friday 8:00 a.m. – 4:30 p.m.
Closed Thursday 8:00 a.m. – 9:00 a.m.
Permits can be applied for until 4:00 p.m.

CREDIT CARD PAYMENT INFORMATION & AGREEMENT FORM

<table>
<thead>
<tr>
<th>CARDHOLDER NAME: ______________________</th>
<th>BILLING STREET NAME: __________________</th>
<th>BILLING ZIP: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAYMENT TYPE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ VISA</td>
<td>☐ MASTERCARD</td>
<td></td>
</tr>
<tr>
<td>CARD NUMBER: __________________________</td>
<td>EXPIRATION DATE: <strong><strong><strong>/</strong>__/</strong></strong>___</td>
<td>CVV Code: ________</td>
</tr>
</tbody>
</table>

I AGREE TO PAY THE TOTAL PERMIT FEE AMOUNT AS REQUIRED BASED ON THE SCOPE OF WORK

| SIGNATURE: ___________________________ | DATE: ______/____/_______               |