



CITY OF COMMERCE

Building and Safety Division
 2535 COMMERCE WAY
 COMMERCE, CA 90040

<http://www.ci.commerce.ca.us/index.aspx?nid=778>

Application #:
Plan Check Date:
Date Permit Issued:

BUILDING PERMIT

Project Address:

PROPERTY OWNER

Name:	Owner builder: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address:	Phone:	
City:	State:	Zip code:
E-Mail:		

APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)

Name:	E-mail:	
Address:	Phone:	
City:	State:	Zip Code:

CONTRACTOR INFORMATION

Name:	E-mail:	
Address:	Phone:	
City:	State:	Zip Code:
State License No.:	Class:	Exp. Date:
Workers Compensation Carrier:	Policy No.	Exp. Date:

ARCHITECT/ENGINEER/DESIGNER INFORMATION

Name:	E-mail:	
Address:	Phone:	
City:	State:	Zip code:
State License No.:	Exp. Date:	Phone:

OWNER BUILDER DECLARATION

I affirm that I signed the Owner's Acknowledgment and Verification of Information Declaration form as required by Section 19825 of the California Health and Safety Code.

SIGNATURE: _____ DATE: _____

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm 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

SIGNATURE: _____ DATE: _____

AUTHORIZATION OF ENTRY

I certify that I have read this application and state that the information given is correct. I agree to comply with all federal and state laws and city ordinances relating to building construction, and I authorize a representative of this City to enter upon the property for which I have applied for this permit for the purpose of making inspections.

SIGNATURE: _____ DATE: _____

WORKERS' COMPENSATION DECLARATION

By my initial, 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.

Certificate 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.

___ 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: _____ DATE: _____

PROJECT ADDRESS		Plan Check Date:
APPLICATION #:		Date Permit #Issued:

DESCRIPTION OF WORK:

--

PROJECT INFORMATION

Occupancy group:	Construction Type:	New building/addition Sqft:	Remodel/TI Sqft:
Occupancy group:	Construction Type:	New building/addition Sqft:	Remodel/TI Sqft:
Code in Effect:	Existing Fire Sprinklers Installed?	Fire Sprinklers Required?	Yes No
# of Stories:	Planning File Number:	Declared Valuation:	

BELOW IS FOR THE CITY BUILDING STAFF TO COMPLETE

PLAN CHECK INFORMATION

Project Valuation:	Revised Valuation:		
Plan Check Fee:	Receipt #:	Initials:	Date:
Plan Check Fee:	Receipt #:	Initials:	Date:

DEPARTMENT APPROVALS

INDUSTRIAL WASTE APPROVAL	SCHOOL FEES PAID	SANITATION FEES PAID
FIRE DEPT APPROVAL	PUBLI WORKS DEPT APPROVAL	SCAQMD CLEARED
IS THIS A CALGREEN PROJECT?	IF YES IS THE WASTE MANAGEMENT PLAN APPROVED?	

PERMIT INFORMATION

BUILDING PERMIT FEE: \$	SMIP FEE: \$	
ISSUANCE FEE: \$	BSASRF FEE: \$	
PLAN MAINTENANCE FEE: \$	ART FEE: \$	
TOTAL PERMIT FEE: \$	OTHER: \$	
Receipt #:	Initials:	Date:
Final Date:	Inspector Initials:	

PROJECT ADDRESS		Plan Check Date:
APPLICATION #:		Date Permit Issued:

NO.	INSPECTION	DATE	INITIALS
-----	------------	------	----------

REQUIRED BUILDING INSPECTIONS AND APPROVALS

B1	Soils Engineer's Approval		
B2	Location and Setbacks		
B3	Foundation/Trench Forms		
B4	Structural Concrete Slab on Grade		
B5	Raised Floor Framing		
B6	Underfloor Insulation		
B7	First Level Floor Diaphragm		
B8	Second Level Floor Diaphragm		
B9	Thirst Level Floor Diaphragm		
B10	Roof Diaphragm		
B11	Concrete Deck		
B12	Shear Walls		
B13	Fire Dept. Frame Inspection		
B14	Bldg. Dept. Frame Inspection		
B15	Fire Sprinkler Hangers		
B16	Insulation & Weatherstripping		
B17	Interior Lath and/or Drywall		
B18	Exterior Lath		
B19	Rated Horizontal Assemblies		
B20	Rated Wall Assemblies		
B21	Rated Opening Protection		
B22	Rated Shaft Construction		
B23	T-Bar Ceilings		
B24	Lot Drainage		
B25	Planning Dept. Approval		
B26	Fire Dept. Approval		
B27	Public Works Approval		
B28	Final Building Inspection		