

**APPLICATION FOR
FAX OR EMAIL PERMIT**

**ALL REPAIRS AND REPLACEMENTS MUST BE LIKE FOR LIKE
COMPLETE THIS FORM AND FAX TO 805-654-7587 OR EMAIL:
FAXPERMITS@CITYOFVENTURA.NET**

Check One: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Duplex = Issued to Owner/Builder or Licensed Contactor					
<input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome = Issued to Licensed Contractors only					
Project Street Address:			Owner Phone: ()		
Owners Name:			Contractor Phone: ()		
Contractors Name:			State License:		City license:
Contractor Address:			<input type="checkbox"/> Check if you want the hard copy to be mailed		
Email to send permit:			If permit to be faxed, enter fax #: _____ (If blank, permit will be emailed only)		
Sewer Line (private property only)		<input type="checkbox"/> Repair		<input type="checkbox"/> Replace	
<input type="checkbox"/> Property line to house: # of feet _____		<input type="checkbox"/> Trenchless			
<input type="checkbox"/> Under house:					
<input type="checkbox"/> *Retrofit Windows (same location only)	Valuation: \$ _____	# of windows: _____	# of doors: _____	Existing (Check one) <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum	Proposed (Check one) <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum
By signing below, I certify that all egress requirements will be met regarding the window replacements. I have attached a copy of a completed <u>Window Replacement Form (BS 305)</u> See attached					
<input type="checkbox"/> Wall Heater	Location: _____		BTU: _____		Heating Unit Title 24 Form provided (see attached)
<input type="checkbox"/> *Forced Air Unit	Location: _____		BTU: _____		Ducts: _____ Heating Unit Title 24 Form provided (see attached)
<input type="checkbox"/> Water Heater	<input type="checkbox"/> Storage Water Heater		<input type="checkbox"/> Tankless Water Heater Water Heater Title 24 Form provided (see attached)		
<input type="checkbox"/> Reroof Valuation: \$ _____ (check one) Removing: <input type="checkbox"/> 1 layer <input type="checkbox"/> 2 layers # of squares (sq): _____	Existing (check one) <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Other _____		Proposed (check one) <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> Tile weight per square: _____		Garage <input type="checkbox"/> No <input type="checkbox"/> Yes (check one below) <input type="checkbox"/> attached <input type="checkbox"/> detached

* HOA letter of approval required for window, FAU (if rooftop) and roof permits and must be provided prior to permit issuance (when applicable).

General Acknowledgements: MUST BE COMPLETED

By signing below, the following declarations are made and acknowledged below as applicable to either a licensed contractor or owner of the real property referenced above:

- I certify that I have read this application and state that the above information is correct.
- I agree to comply with all city ordinances and state laws relating to building construction, and authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.
- The building will not need to comply with HSC Sec. 25505, 25533, and 25534 (Hazardous Materials)
- This project is not funded by a construction-lending agency.

Owner/Builder:

- I have attached a copy of the Owner/Builder Acknowledgement and Verification Form and a copy of my drivers license with the form or the form is notarized.
- 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 provision of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Contractor: Check one below: 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 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 provision of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature _____ Date _____
Property Owner or Licensed Contractor

THIS IS NOT A PERMIT TO PERFORM WORK. A COPY OF THE PERMIT & RECEIPT WILL BE MAILED OR EMAILED TO THE APPLICANT. WORK MAY COMMENCE UPON RECEIPT OF YOUR FAX OR E-MAIL.

CREDIT CARD PAYMENT AUTHORIZATION		
Type of card: <input type="checkbox"/> VISA <input type="checkbox"/> MC Account # _____		
Validation # _____	Exp date: _____	Total Fee \$ _____ (Completed by City)
Cardholder Signature _____		
<i>Cardholder acknowledges receipt of goods or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the card issuer.</i>		
Print Clearly Name of Cardholder _____		
Cardholder Billing Address _____		
City _____	State _____	Zip _____

In compliance with the Americans with Disabilities Act, this document is available in alternate formats by calling 654-7869 or by contacting the California Relay Service.