

# ELECTRICAL PERMIT

CITY OF INGLEWOOD  
 DIVISION OF BUILDING AND SAFETY  
 ONE W. MANCHESTER BLVD., INGLEWOOD, CA 90301  
 (310) 412-5294

Permit No. \_\_\_\_\_

Plan Check No. \_\_\_\_\_

JOB ADDRESS

## WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain Worker's Compensation Insurance as required by section 3700 of the Labor Code for the performance of the work for which this permit is issued. My Worker's 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 a subject to the Worker's Compensation Laws of the State of California and agree that if I should become a subject to the Worker's Compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND 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.**

**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.

LICENSE NUMBER \_\_\_\_\_ LICENSE CLASS \_\_\_\_\_  
 CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

**OWNER-BUILDER DECLARATION**  
 I hereby affirm that I am exempt from the Contractor's License Laws for the following reason (Section 7031.5, Business and Professions Code):

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 (Section 7044, Business and Professions Code).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project. (Section 7044, Business and Professions Code).

**CONSTRUCTION LENDING AGENCY**  
 I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civ. C.).

LENDER'S NAME \_\_\_\_\_  
 LENDER'S ADDRESS \_\_\_\_\_

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 hereby authorize representatives of this City to enter upon the aboved mentioned property for inspection purposes.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

## 6. DESCRIPTION OF WORK TO BE DONE

NUMBER	RECEIPT	EACH	FEE
	Recept		
	Light		
	Switch		
	Lighting Fixtures		
	Range		
	Oven		
	Dryer		
	Dishwasher		
	Garbage Disposal		
	Fan		
	Heater		
	Ceiling Heat Circuit		
	Misc. Fixed Appliances		

## MOTORS, GENERATORS, TRANSFORMERS A/C UNITS

NUMBER	HP OR K V A	EACH	FEE
	OVER	INC	
	1	10	
	10	50	
	50	100	
	100		

## SERVICES/SUBPANELS

	0-100 amp		
	101-200 amp		
	201-400 amp		
	401-600 amp		
	601-1000 amp		
	OVER 1000 amp or 600 V		
	TEMP POWER POLE		
	SIGN		
	BRANCH CIRCUIT		
	MISC. REWIRING/EQUIP.		
	OTHER (SEE FEE SCHED)		
	SMOKE DETECTOR		
	PERMIT FEE		
	TOTAL FEES \$		

7. 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 the State law regulating building construction. I certify that in the performance of the above work for which this permit is issued I shall not employ any person in violation of the Labor Code of the State of California relating to Worker's Compensation.

OWNER OR CONTRACTOR \_\_\_\_\_ BY \_\_\_\_\_ AUTHORIZED AGENT

## FOR APPLICANT TO COMPLETE

1. JOB ADDRESS \_\_\_\_\_  
 2. OWNER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 PHONE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 3. CONTRACTOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 PHONE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 CITY LICENSE NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PLAN CHECK FEE \_\_\_\_\_ DATE PAID \_\_\_\_\_  
 PERMIT ISSUED \_\_\_\_\_ DATE \_\_\_\_\_

## INSPECTION RECORD

DATE	INSPECTOR

## APPROVALS

	DATE	INSPECTOR
CONDUIT		
WIRING		
FIXTURES		
POWER		
FINAL		
EDISON CO. NOTIFIED		