



City of Bellflower

16600 Civic Center Drive

Bellflower, CA 90706-5494

Office Hours: 8:00 am to 5:00 pm

Phone Number (562) 804-1424

Insp. Request (562) 804-1424 ext. 2230

SITE ADDRESS		
ASSESSOR PARCEL NUMBER		
BOOK	PAGE	PARCEL
ADDITIONAL INFORMATION / LEGAL DESCRIPTION		
OWNER'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
PRINCIPAL DESIGNER'S NAME		LICENSE NO.
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		
CONTACT PERSON		
PHONE NUMBER		
CONTRACTOR'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
LICENSE CLASS	LICENSE NUMBER	EXPIRATION DATE
PHONE NUMBER		
WORKER'S COMPENSATION INSURANCE COMPANY NAME		
WORKER'S COMP. INSURANCE POLICY NUMBER		EXPIRATION DATE

ELECTRICAL PERMIT APPLICATION

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's License Law for the following reason (Section 7031.5 of the 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 of the Business and Professions Code).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044 of the Business and Professions Code).
- I am exempt under Section _____, Business and Professions Code for the following reason: _____

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: _____

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 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. My workers' compensation insurance carrier and policy number are listed in the left column of this application.
- 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 I 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: _____

CONSTRUCTION LENDING AGENCY

See the back of this form for required statement

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.

Name: _____

Signature: _____ Date: _____

QTY.	ITEM	FEE
New residential construction		
Less than 3 units: _____	sq. ft. _____	\$ _____
3 or more units: _____	sq. ft. _____	\$ _____
Outlet Boxes(s) for receptacles, switches, lights & similar		
_____	First 20 _____	\$ _____
_____	21 or more _____	\$ _____
Lighting Fixture(s)		
_____	First 20 _____	\$ _____
_____	21 or more _____	\$ _____
Branch circuit(s) (in lieu of Outlet Box fees above)		
_____	First 10 branch circuits _____	\$ _____
_____	11 to 40 branch circuits _____	\$ _____
Residential appliances _____ \$ _____		
Nonresidential appliances _____ \$ _____		
Power apparatus (size in HP, KW, or kVA)		
_____	Over 1 but not over 10 _____	\$ _____
_____	Over 10 but not over 50 _____	\$ _____
_____	Over 50 but not over 100 _____	\$ _____
Signs, outline lighting, and marquees		
_____	Supplied from one branch circuit _____	\$ _____
_____	Additional circuits within the same sign _____	\$ _____
_____	Service New ___ Change ___ Size: _____	\$ _____
Switchboards, subpanels, motor control centers		
_____	0 to 399A _____	\$ _____
_____	400A to 1,000A _____	\$ _____
_____	Over 1,000A _____	\$ _____
_____	Misc. apparatus, conduit, and conductors _____	\$ _____
_____	Temporary power pole(s) _____	\$ _____
_____	Temporary distribution system _____	\$ _____
_____	Subtotal _____	\$ _____
_____	Plan Checking Fee _____	\$ _____
_____	Additional Plan Checking Fee _____	\$ _____
_____	Plan Maintenance Fee _____	\$ _____
_____	Permit Issuance Fee _____	\$ _____
_____	Total Permit Fee _____	\$ _____

PLAN CHECK NUMBER	INITIALS	DATE
ADDITIONAL PLAN CHECK NUMBER	INITIALS	DATE
PERMIT NUMBER	INITIALS	DATE
DATE OF FINAL		FINAL BY