



# CITY OF MONROVIA PERMITS

## City of Monrovia

415 S. Ivy Avenue CA 91016  
626-932-5581 Building@ci.monrovia.ca.us

### PERMIT INFORMATION

**JOB ADDRESS:** \_\_\_\_\_

**APN #:** \_\_\_\_\_ **PERMIT #:** \_\_\_\_\_

<b>PROJECT VALUATION:</b> _____	<b>HISTORIC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OCCUPANCY GROUP:</b> _____
<b># DWELLING UNITS:</b> _____	<b>HIGH FIRE ZONE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BUILDING USE:</b> _____
<b># OF BEDROOMS:</b> _____	<b>HILLSIDE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CONSTRUCTION TYPE:</b> _____
	<b>FIRE SPRINKLERS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SCOPE OF WORK DESCRIPTION:** \_\_\_\_\_

\_\_\_\_\_

**FLOOR AREA (Sq. Ft):** Living: \_\_\_\_\_ Garage: \_\_\_\_\_ Commercial: \_\_\_\_\_ Other: \_\_\_\_\_

**PERMIT TYPE:**  Building  Mechanical  Electrical  Plumbing  Combo  Solar  Battery  EV Charging  Demo  
 Pool/Spa  Grading (CY: \_\_\_\_\_)  Other: \_\_\_\_\_

**PROJECT TYPE:**  New  Existing  Addition  Alteration  T.I.  ADU  Phase 1  Phase 2  After the fact permit

**CALCULATIONS PROVIDED:**  Structural  Trusses  Soils Report  Energy  Other: \_\_\_\_\_

### CONTACT INFORMATION

**LICENSED DESIGN PROFESSIONAL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**LICENSE #:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**STATE LICENSE #:** \_\_\_\_\_ **CITY BUSINESS LICENSE #:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### \*FOR OFFICE USE ONLY\*

	APPROVED BY:	DATE:
Building Approval		
Planning Approval		
Fire Approval		
Public Works Approval		
In-House		
Consultant		
Los Angeles County Health Department		
Revised Valuation		

**Issued By:** \_\_\_\_\_

**Date:** \_\_\_\_\_





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### LICENSED CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provision of Chapter 9 (commencing with §7000) of Division 3 of the Business and Professions code, and my license is in full force and effect.

License Number: \_\_\_\_\_ Type (B, C-10, etc.) \_\_\_\_\_  
Contractor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### OWNER/BUILDER'S DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason: (§7031.5 Business and Professions Codes). 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/she is licensed pursuant to the provision of the Contractor's License Law, Chapter 9 (commencing with §7000) of Division 3 of the Business and Professions Code or that he/she is exempt there from, and the basis for the alleged exemption. Any violation of §7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

\_\_\_\_\_ I as owner of the property, am exclusively contracting with licensed contractors to construct the project (§7044, Business and Professions Code: The Contractor's 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 Contractor's License Law). I will provide evidence of such contract or otherwise identify said contractor(s) prior to issuance of the requested permit. \_\_\_\_\_ I am exempt under §\_\_\_\_ of Business and Professions Code for this reason:

\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WORKER COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof. (§3800, Labor Code)

Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_  
Expiration: \_\_\_\_\_  Copy is filed with Fire Dept.  Certified copy is hereby furnished

### CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100.00) valuation or less) \_\_\_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. NOTE TO APPLICANT: If, after making this certificate of Exemption you should become subject to the Workers' Compensation provisions of the Labor Code, You must forthwith comply with such provision or this permit shall be deemed revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I have read this application and state that the above information is correct and complete. I agree to comply with all city and county ordinances and state laws related to building construction and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes. I hereby assume all responsibility for ensuring the location of the property lines and/or setbacks as indicated on the approved submittals are correct; and that I will take necessary corrective actions if different from the approved submittals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

