	REQUIRED PERMIT DE	ECLARATION	NS FOR LICENSED C	CONTRACTO	RS
JOB SITE ADDRESS:			CITY:CAMARILLO	STATE: CA	ZIP:
<u> </u>					
specialty for appro subcontra within the from the unless and	CITY LICENSI affirm under penalty of perjury that I will contractors performing work or services re val before requesting final approval of th ct (written or oral) the performance of any e City of Camarillo, I will verify that such se City and will not permit any such contracted until such required contractor's license has EFINAL APPROVAL FOR THIS PERMIT ACTORS HAVE OBTAINED ALL NECES	accurately compledated to this permite work. I also here work by a subconsubcontractor or some to perform any as been obtained.	nit and return the completed reby affirm under penalty of intractor or specialty contract pecial contractor has obtained of the work contemplated in E GIVEN UNTIL ALL SUB	and addresses of form to the Busin of perjury that at or, and which wo d the required cor any such subcon	ness Tax Department the time I make any rk is to be performed stractor's City license tract (written or oral)
TAX DIV					
	LICENSED CONTRACTOR Infirm under penalty of perjury that I am lice on 3 of the Business and Professions Code at COMPANY NAME: LICENSE CLASS:	eensed under provand this license is	sions of Chapter 9 (commen		
	LICENSE CLASS.	LI	CENSE #.		
O I ce so as t worke	WORKERS' COMPENSATIO Infirm under penalty of perjury one of the formula of the work of the work of the worker's compensation provisions of Section 370 are and will maintain workers' compensation mance of the work for which this permit is tows;	ollowing declaration which this permation laws of Calicotto of the Labor Coon insurance, as re	ons: nit is issued, I shall not emplored fornia, and agree that, if I showde, I shall forthwith comply equired by Section 3700 of the	by any person in a buld become subjection with the provision the Labor Code, for	any manner ect to the as.
	RANCE CARRIER:		NAME OF AGENT:		
of the WARNIN EMPLOY	Labor Code, for the performance of the works. WG: FAILURE TO SECURE WORKERS' YER TO CRIMINAL PENALTIES AND CONTO THE COST OF COMPENSATION	ork for which this p COMPENSATIO CIVIL FINES UP	r workers' compensation, as permit is issued. N COVERAGE IS UNLAW TO ONE HUNDRED THOU	FUL AND SHAL	L SUBJECT AN S (\$100,000), IN
	ST AND ATTORNEY'S FEES.	,			,

FINAL DECLARATION OF PERMIT HOLDER (Health & Safety Code Section 19825)

I hereby affirm under penalty of perjury that I have read the information shown above on this permit including the declarations and that the above and any attached information that I have submitted in order to obtain this permit are true and correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the City of Camarillo to enter upon the above-mentioned property for inspection purposes.

CA DL OR ID#:	FULL LEGAL NAME: