

CITY OF FOSTER CITY
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
610 FOSTER CITY BLVD
FOSTER CITY, CA 94404
(650)286-3227



DATE: _____

PERMIT NUMBER: _____

RECEIVED BY: _____

BUILDING PERMIT APPLICATION

(Use this form for all types of permit applications except for Re-roof.)

PROJECT INFORMATION (Mandatory)

Project Address: _____ Floor/ Unit# _____
Foster City, CA 94404

Residential ☐ Commercial ☐

Scope of Work: _____

Job Valuation (Cost of labor and materials): \$ _____

PROJECT CONTACT (Mandatory)

Property Owner's Name: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Property Management/Tenant Name: _____

CONTRACTOR ☐ OWNER-BUILDER ☐

Contractor State License#: _____ License Class: _____ Expires: _____

Company/Owner-Builder's Name: _____ Business License#: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Applicant/ Authorized Agent's Name: _____

Email Address: _____ Phone: _____

ARCHITECT ☐ ENGINEER ☐ DESIGNER ☐

Name: _____ Company Name: _____

License# _____ Mailing Address: _____

Email Address: _____ Phone: _____

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 above-mentioned property for inspection purposes.

Name (Licensed Contractor/Authorized Agent)

Signature

Date

AGREEMENT (Mandatory)

Plan check fees for this application include two plan reviews by staff. The third and following plan reviews will be billed on a time and materials basis which include all direct and indirect costs incurred by the City of Foster City. Plan review fees are non-refundable. See [Master Fees Schedule](#) for the hourly rate per each City of Foster City Division/ Department.

Unless a shorter period of time has been established by official action, an application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued or this permit expires 1 year after the permit has been issued and construction has not commenced or if work is suspended or abandoned at any time after the work is commenced for a period of 180 days.

I have read the above information and understand it. This information will be passed along to the property owner in a timely manner by the contractor if the property owner is not the person signing this form.

Name (*Licensed Contractor/Authorized Agent*)

Signature

Date

DECLARATIONS (Mandatory)

Licensed Contractor Declaration: I hereby affirm under penalty of perjury that I am licensed under the 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.

Name (*Licensed Contractor*)

Signature

Date

Owner-Builder Declaration: Please fill out a separate [OWNER-BUILDER'S ACKNOWLEDGEMENT FORM](#).

Workers' Compensation Declaration: I hereby affirm under penalty of perjury one of the following declarations: **Select only one.** I

☐ 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. My policy number is: _____.

☐ 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 is:

Carrier: _____ Policy# _____ Expires: _____

☐ 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Name (*Licensed Contractor/Agent/Owner Builder*): _____

Signature: _____ **Date:** _____

Warning:

Failure to secure workers' compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, and damages as provided for in Section 306 of the Labor Code, interest, and attorney's fees.

Note: