



# City of South Pasadena

1414 Mission Street  
 South Pasadena, CA 91030  
 Office Hrs: 7:30 am to 5:00 pm, M-Th  
 7:30 am to 4:00 pm Friday  
 Phone Number (626) 403-7220  
 Insp. Request (626) 403-7226

## ELECTRICAL PERMIT APPLICATION

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

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

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