



CITY OF SONORA
94 N. WASHINGTON ST.
PHONE 532-3508 FAX 532-3511

RESIDENTIAL RE-ROOF PERMIT APPLICATION

OWNER:		CONTRACTOR:	PHONE #
OWNER'S ADDRESS:	PHONE #	CONTRACTOR'S ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP	FAX #
JOB ADDRESS:		LICENSE #	
ASSESSOR'S PARCEL #:		DESCRIPTION OF WORK:	
		TEAR OFF <input type="checkbox"/>	OVERLAY <input type="checkbox"/>

<p align="center">TYPE OF ROOFING MATERIALS</p> <p><input type="checkbox"/> ASPHALT SHINGLE - COMPOSITION</p> <p><input type="checkbox"/> WOOD - SHAKE OR SHINGLE</p> <p><input type="checkbox"/> BUILT-UP () # OF PLYS</p> <p><input type="checkbox"/> TORCH-DOWN <input type="checkbox"/> METAL</p> <p><input type="checkbox"/> TILE <input type="checkbox"/> OTHER</p> <hr/> <p>LICENSED CONTRACTOR DECLARATION</p> <p>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.</p> <p>License Class _____ License No. _____</p> <p>Expiration Date ___/___/___</p> <p>Business Name _____</p> <p>THE APPLICANT WARRANTS THE TRUTHFULNESS OF THE INFORMATION IN THIS APPLICATION AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THIS PERMIT MAY BE REVOKED.</p> <p>OWNER / AGENT SIGNATURE:</p> <hr/> <p>PRINT NAME:</p> <hr/>	<p>WARNING! FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, PENALTIES, AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, PLUS INTEREST AND ATTORNEYS FEES.</p> <p>WORKERS' COMPENSATION DECLARATION</p> <p>I hereby affirm, under penalty of perjury one of the following declarations:</p> <p>() 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.</p> <p>() I have and will maintain Workers' Compensation Insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My Workers Compensation Insurance carrier and policy number is: Carrier _____ Policy # _____</p> <p>() 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.</p> <p>CONTRACTOR SIGNATURE:</p> <hr/> <p>DATE: ___/___/___</p>
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3/7/06



