



**City of Banning**— Building & Safety Dept

99 E Ramsey St P.O Box 998 Banning CA 92220

951-922-3120

**WORKER'S COMP DECLARATION**

IDENTIFY WORKERS' COMPENSTATION COVERAGE AND LENDING AGENCY

**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, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

**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, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No.
- ☐ 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:

Carrier: \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone No. \_\_\_\_\_

- ☐ 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.

**DECLARATION REGARDING CONSTRUCTION LENDING AGENCY**

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

**\* For Authorized Agents applying on behalf of a contractor please fill out page 2**



## City Of Banning—Building & Safety Dept.

### Authorized Agent Form

Contractor's state license number: \_\_\_\_\_ Class: \_\_\_\_\_ Exp: \_\_\_\_\_

Authorized Agent name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

#### **DECLARATION BY CONSTRUCTION PERMIT APPLICANT**

By my signature below, I certify to the following:

I am ☐ authorized to act on the contractors behalf.

I have read this construction permit application, and the information I have provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this city to enter the above-identified property for inspection purposes.

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

Printed Name: \_\_\_\_\_

- \* Authorized Agents must attach a copy of their notarized authorization letter.
- Authorization letter must state individuals name and that they are able to apply, pay, and receive permits on behalf on the licensed individual listed under CSLB.