Department of Public Works
City Facilities Architectural Services
200 East Santa Clara Street, 6th Floor
San Jose, CA 95113
(408) 535-8350

DATE:_____
APPL. #:_____

APPLICATION FOR PROJECT APPROVAL
Non-roadway Right-of-Way Public Lands

Site Information		
Project Address	Assessor Parcel Number(s)	
Applicant Information		
Applicant	Phone Number	Fax Number
Mailing Address	E-mail Address	
City/ State/ Zip		
Project Contact Person	Phone Number	Fax Number
Mailing Address	E-mail Address	
City/ State/ Zip		
Design Professional Information		
☐ Architect ☐ Engineer	License/ Registration Number	
Company Name	City Business License Number	
Name	Phone Number	Fax Number
Mailing Address	E-mail Address	
City/ State/ Zip		
Proposed Building/ Improvement Information		
Environmental Clearance (ND, MND, EIR)	File Number:	
Mitigation Monitoring Requirements	Term	
Bay Area Air Quality Management District Job Number		
Other Permits (list): Agency	Permit Number:	
Type of Work / Building Size (sf)	Occupancy Type	Building Code (i.e. 2007 CBC)
Proposed Impervious Surface (sf)	Proposed Pervious Surface (sf)	
Area of land disturbed (acres)		
Is the site in a Geologic Hazard Zone or State Seismic Landslide Zone? Yes / No (circle one) If Yes, a separate Geologic Hazard Clearance will be required unless the project already has a current one on file.		
Is the site in a State Seismic Liquefaction Zone? Yes / No (circle one) If Yes, a Soils Report addressing liquefaction will be required and an additional review fee will be due.		
Hazardous Material Environmental Assessment Completed (Phase I, Phase II) Yes / No (circle one) If hazardous materials handling is part o the work, a Worker and Community Health and Safety Plan will be required.		

Contractor Information

License Number	License Class(es)	
Company Name	Phone Number	Fax Number
Mailing Address	E-mail Address	
City/ State/ Zip	Business License Number	

Licensed Contractors 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.

Date: Contractor Signature:

Prevailing Wages: Attention is called to the fact that not less than the general prevailing rate of per diem wages and the general prevailing rates for holiday and overtime work must be paid on this project. All questions regarding prevailing wage should be directed to the Office of Equality Assurance at (408) 535-8430

Contractor's Bond for Faithful Performance: Surety Name	Bond Number:
Contractor's Payment Bond: Surety Name	Bond Number:

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:

CARRIER: _____ POLICY NUMBER: _____

Date: _____ Applicant Signature: _____

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 fees.

Applicant Certification

I certify that I have read this application and state the above information is correct. I agree to comply with all city and county ordinances and state and federal laws relating to building construction and hereby authorize representatives to enter upon the site identified above for inspection and project acceptance purposes.

Signature of Applicant/ Agent: _____ Date: _____

Printed Name of applicant/ Agent: _____