



City of Laguna Niguel
Building Division
 30111 Crown Valley Pkwy
 Laguna Niguel, CA 92677
 (949) 362-4360 FAX 362-4369
 www.cityoflagunaniguel.org

PERMIT DISCLOSURE

132

Property Address: _____ **Permit No.:** _____

WORKERS COMPENSATION DECLARATION CONTRACTORS ONLY

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury 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.

Contractor:	License Class	License No.
Contractor/Authorized Agent Signature		Date

WORKERS' COMPENSATION DECLARATION

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.

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.

_____ 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.	Exp. Date
Contractor/Authorized Agent Signature		Phone#

_____ 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.

I certify that I have read this construction application and that the information I have provided is correct. I agree to comply with all City and County ordinances and State Laws relating to building construction. I authorize representatives of this City or County to enter upon the above-identified property for inspection purposes.

Print Name _____
 Signature _____ Date _____