

PERMIT BY EMAIL OR FAX APPLICATION

This application is for residential electrical, mechanical and plumbing changeouts only. Please complete this form and email it to building@toaks.org or fax it to (805) 449-2575.

SITE INFORMATION

Project Address: _____ City: _____ Zip: _____

Property Owner: _____ Phone: _____

Mailing Address: _____ City/State: _____ Zip: _____

PERMIT INFORMATION

QTY	PLUMBING WORK
	Bathtub/Shower Pan
	Clothes Washer/Laundry Tray
	Garbage Disposal
	Dishwasher
	Gas System (1 to 4 Outlets)
	Gas Outlets (Over 4)
	Sinks/Lavatory (Other than Floor)
	Repair or Alteration
	Sewer
	Water Heater
	Water Piping System/ Water Softener
	Lawn Sprinkler (Dwelling)
	Toilet/Urinal/Bidet (water closet)

QTY	MECHANICAL WORK
	Air Conditioner (Up to 3 HP)
	Air Conditioner (4 to 15 HP)
	Air Conditioner (16 to 30 HP)
	Air Handling Unit
	FAU (To 100,000 BTU's/Hr)
	FAU (Over 100,000 BTU's/Hr)
	Heat Pump/Dual Pack
	Compressor (Up to 3 HP)
	Compressor (4 to 15 HP)
	Ducts only (Sq. Ft.)
	Repair/Alter/Add to System
	Vent Fan (Kitchen/Bath/Dryer)

QTY	ELECTRICAL WORK
	Air Conditioner (Up to 1 HP)
	Air Conditioner (2 to 10 HP)
	Air Conditioner (11 to 50 HP)
	Outlets/Switches/Light Fixtures (Over 20)
	Outlets/Switches/Light Fixtures (To 20)
	Appliance/Attic fan/ Dryer Outlets (240 V)
	Ceiling Fan
	Sub-Panel (To 200 amps)
	Sub-Panel (201 to 1,000 amps)
	Sub-Panel (Over 1,000 amps)
	Electric Water Heater
	GFCI Outlet
	Service (To 200 amps)
	Service (201 to 1,000 amps)

PAYMENT INFORMATION

Prior to issuance of your permit, you must pay all associated fee. You can pay your fees by Visa or Mastercard using the options listed below. City staff will notify you when your fees are available.

- Online at <https://c2g.toaks.org/Click2GovBP/selectpermit.html>
- By phone by calling (805) 449-2500 ext. 0. You will need to provide the Name of Cardholder, the Credit Card Number, and the Expiration Date.

NOTE: For your security, do not write your credit card information on this application.

For Official Use Only:

Permit #: _____ Amount#: _____ Receipt #: _____

LEGAL DECLARATIONS

LICENSED CONTRACTOR 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.

License No.: _____ Class _____

Contractor Name: _____ Date _____

Contractor Phone Number: _____ Email: _____

Please include an email address

WORKERS' COMPENSATION/CERTIFICATE OF EXEMPTION DECLARATION (CHECK ONE BOX ONLY)

By signing below, I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a Certified copy thereof (Sec. 3800 Lab. C). (Certified copy is hereby furnished.)

*By signing below, I hereby 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. (This section need not be completed if the permit is for \$100 or less.)

Company: _____ Policy No.: _____

***Notice to applicant:** If you should become subject to the Workers' Compensation provisions of the Labor Code after making this Certificate of Exemption, you must forthwith comply with such provisions or this permit shall be deemed revoked.

Signature of Owner, Applicant, Contractor or Authorized Agent

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.