



# COUNTY OF SONOMA

## PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829  
(707) 565-1900 FAX (707) 565-1745



### Licensed Contractor Online Permit Account Application

Contractor Name

Company Name

Email Address (must match address used for Accela Reg.)

Mailing Address

Phone Number

Fax Number

City

State

Zip Code

#### WORKERS COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

- 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 a permit is issued. My workers compensation insurance carrier and policy number are:
- 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 a permit is issued.

Insurance Carrier

Policy Number

Insurance Expiration Date

**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.

#### LICENSED CONTRACTOR 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.

License Class

License Number

Expiration Date

I understand that online permits will be issued based upon the information I provide at the time of permit application. I understand that PRMD reserves the right to place hold on such permits and levy additional fees or apply additional conditions if any material facts are omitted or misrepresented during the online application process.

I understand that online permits can only be obtained for residential construction.

I understand that online permits are subject to additional charges levied by Accela, Inc.

I understand that the issuance of an online permit does not legitimize work done previously without a valid permit.

I understand it is my responsibility to inform PRMD of any change to my contractor's license or workers compensation information.

I certify that I have read this application and affirm under penalty of perjury that the above information is correct. I agree to comply with all local Ordinances and State laws relating to building construction. I understand that all work performed under an online permit is subject to inspection and hereby authorize representatives of the County of Sonoma to enter upon the above-mentioned property for inspection purposes. If, after making the Certificate of Exemption for the Workers Compensation provision of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Workers Compensation law, my online account shall be deactivated and any outstanding permits shall be deemed revoked.

**ALL PERMITS SHALL EXPIRE IN THREE(3) YEARS FROM THE DATE FEES ARE PAID UNLESS OTHERWISE NOTED BY PRMD CODE ENFORCEMENT STAFF.**