CITY OF DANA POINT

COMMUNITY DEVELOPMENT
BUILDING AND SAFETY
33282 Golden Lantern, Suite 209
Dana Point, CA 92629
(949) 248-3594
www.danapoint.org

CONTRACTOR

2022 CALIFORNIA CODES
CODE CYCLE

01/02/2022
EFFECTIVE DATE

LICENSED CONTRACTOR ACKNOWLEDGMENT

WORKMAN'S COMPENSATION DECLARATION

I hereby affirm under the 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 by section 3 700 of the Labor Code, for the performance of the work for which this permit is issued

☐ I have and will maintain workers' compensation, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

INSURANCE CO. _____

POLICY NO. _____

EXPIRATION: _____

☐ 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 10 the workers' compensation provisions of Section 3 700 of the Labor Code, I shall comply with those provisions.

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.

CSLB #: _____

Project Permit Number: _____

Project Address: _____

I certify to each of the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this City of Dana Point to enter the subject property for inspection purposes.
- I hereby affirm under the penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing Section 7000 of Division 3 of the Business and Professions Code) and my license is in full force and effect.

_____ _____

Signature of Applicant or Authorized Agent Date

_____

Print Name of Applicant or Authorized Agent