



City of San Mateo  
 Application & Permit  
 Development Review Counter  
 330 West 20th Avenue  
 San Mateo, CA 94403-1388  
 (650) 522-7172

**Building Project**

Project # BD2006-225218

PA: ep2007000010

**Project**

Project Location:					Parcel Number:	Total Project Valuation:
2	353	N	CLAREMONT ST		032-203-060	\$ 50,000.00
Structure ID	Street #	Dir.	Street Name	Unit #	Business #	
Project Description: Add Second Unit - Detached (Note we need to add new address)/630 square feet FIRE SPRINKLERS - 10 HEADS						
Issued Date	03/02/2010	Previous Use	Single Family Dwelling	Occupancy Code UBC	R3	
Expiration Date	08/29/2010	Proposed Use	Single Family Dwelling			

**PERMIT EXPIRATION:** This project becomes null and void if work is not commenced within 180 days from date of project issuance if work is suspended at any time for more than 180 days or if work is done in violation of any city or state laws relating thereto.

**#2 WHO WILL PERFORM THE WORK:**

**2a - CALIFORNIA 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.

License Class and No. \_\_\_\_\_

Print Name: \_\_\_\_\_ Contractor Signature: \_\_\_\_\_

**#3 IDENTIFY WORKERS' COMPENSTATION COVERAGE AND LENDING AGENCY:**

**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.**

**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, 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. Policy No.: \_\_\_\_\_

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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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.

**DECLARATION REGARDING CONSTRUCTION LENDING AGENCY**

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address: \_\_\_\_\_

**#4 DECLARATION BY CONSTRUCTION PERMIT APPLICANT:**

By my signature below, I certify to each of the following:

I am  a California licensed contractor or  the property owner\* or  authorized to act on the property owner's behalf\*\*.

I have read this construction permit application and the information I have provided is correct.  
 I agree to comply with all applicable city and county ordinances and state laws relating to building construction.  
 I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

California Licensed Contractor, Property Owner\* or Authorized Agent\*\*:  
\*requires separate verification form  
\*\*requires separate authorization form

Signature: Y PETA Date: 3/2/10

**Contacts**

**Issued To:**

Fire Sprinkler Contractor  
 ADVANCED AUTOMATIC SPRINKLER  
 ADVANCED AUTOMATIC SPRINKLER  
 30993 HUNTWOOD DR #204

**Owner:**

THORENFELDT BO  
 725 JACARUNDA  
 HILLSBOROUGH CA 94010-0000  
 (650) 558-1178