

# PERMIT APPLICATION

I.C. PLANNING & DEVELOPMENT SERVICES DEPT  
801 Main Street, El Centro, CA 92243 (442) 265-1736

- |  |                                     |   |  |
|--|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> BUILDING | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> NEW RESIDENTIAL                            | <input type="checkbox"/> REMODEL RESIDENTIAL |
| <input type="checkbox"/> ELECTRICAL          | <input type="checkbox"/> GRADING    | <input type="checkbox"/> NEW COMMERCIAL                             | <input type="checkbox"/> REMODEL COMMERCIAL  |
| <input type="checkbox"/> MECHANICAL          | <input type="checkbox"/> POOL       | <input type="checkbox"/> NEW INDUSTRIAL                             | <input type="checkbox"/> REMODEL INDUSTRIAL  |
| <input type="checkbox"/> PLUMBING            | <input type="checkbox"/> SIGN       | <input checked="" type="checkbox"/> Compliance for ADA Requirements |  |

COMPLETE ALL NUMBERED SPACES! PLEASE TYPE OR PRINT! READ INSTRUCTIONS ON THE BACK!

1.	PROPERTY OWNERS NAME Seeley County Water District	EMAIL ADDRESS mrosales@seeleywaterdistrict.ca.gov	
2.	MAILING ADDRESS 1989 West Main Street, Seeley, CA	ZIP CODE 92273	PHONE NUMBER 760-352-6612
3.	PROJECT SITE ADDRESS 1826 Park Street	LOCATION Seeley, CA 92273	
4.	ASSESSOR'S PARCEL NO. 051-192-001-000	LEGAL DESCRIPTION Block 15 per Map No. 97, Map of Crabtree Addition to Seeley, Recorded in Book 2, Page 28 of Official Map	
5.	DESCRIBE INTENDED USE Public Park		
6.	DESCRIBE (CLEARLY) THE PROPOSED WORK Park Improvements at Bates Park, including outdoor fitness area, benches, pet waste bag dispenser and shade structure		
7.	ARCHITECT / ENGINEER Randall A Kopff Jr	LICENSE NO. 6633	EMAIL ADDRESS randall.kopff@kimley-horn.com
8.	MAILING ADDRESS 401 B Street, Suite 600, San Diego, CA	ZIP CODE 92101	PHONE NUMBER 602-906-1154
9.	CONTRACTORS NAME TBD 12/15/22	LICENSE NO.	EMAIL ADDRESS
10.	MAILING ADDRESS	ZIP CODE	PHONE NUMBER

### WORKERS' COMPENSATION DECLARATION

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

I have and will maintain a certificate of self-insurance for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work 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:

Policy Number: \_\_\_\_\_

Carrier: \_\_\_\_\_

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 Labor Code, I shall forthwith comply with these provision.

11. Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

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.

### VALUATION

TBD *dot* 12/15/22

ZONE AREA	
OCCUPANCY GROUP	
CONSTRUCTION TYPE	

12. SIGNATURE OF OWNER  
*MR [Signature]*

13. SIGNATURE OF CONTRACTOR  
\_\_\_\_\_

DATA	
ELECTRICAL APPROVAL	
GAS APPROVAL	
FINALED	EXPIRED
RECEIPT NO.	
DATE ISSUED	

APPROVALS REQUIRED			
WORKERS' COMPENSATION	PUBLIC WORKS	DATE	
SCHOOL FEES	EHS	DATE	
ARCHITECT COMMITTEE	FIRE / OES	DATE	
REJECTED	RESUBMITTED	APCD / AG	DATE
SPECIAL LAND USE PERMIT	PLANNING	DATE	

SMI	
BUILDING PERMIT	
PLAN CHECK	
ELECTRICAL PERMIT	
PLUMBING PERMIT	
MECHANICAL PERMIT	
GENERAL PLAN	
ZONE REVIEW	
LEGAL SERVICE	
ADMINISTRATIVE	
FIRE MITIGATION	
ADDITIONAL	
SHERIFF MITIGATION	
OTHER	

PERMIT NUMBER  
01384

RECEIVED BY: *[Signature]* DATE: 12/15/22

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FEE \$