

APPENDIX B:
CITY PERMIT FORMS

PERMIT APPLICATION FORM

Buildings/Structures, Scaffolding/Falsework, Demolition, Trenches/Excavations

Section 6500, 6501 and 6502 of the California Labor Code require that certain activities, which by their nature involve substantial risk of injury, may not be performed without a permit issued by DOSH. The Labor Code requires that the applicant supply, and that the Division review, information necessary to evaluate the safety of the workplace subject to permit requirements. A permit will not be issued until evidence has been demonstrated that the place of employment will be safe and healthful.

Employer: _____	Employers' Rep.: _____
Address: _____	Title & Phone No.: _____
_____	State Contractor's License No.: _____
Phone: _____	Fax: _____

Check Applicable Items:

Applicant is:

_____ Project Administrator	Applicant refers to contractor or knowledgeable representative in a position of authority and responsibility for the activity covered by this permit.
_____ Speciality Contractor	
Type _____ Other _____	

Type of Permit Sought:

_____ Annual Permit	_____ Multiple Project, (if projects covered are similar in all important aspects, work is performed by the same employer and information concerning each project is provided)
_____ Project Permit	
_____ Temporary Permit (Plan Check Only)	

For:

_____ Construction of: _____ Building	_____ Structure
_____ Scaffolding, Falsework and/or Vertical Shoring	
_____ Demolition of: _____ Building	_____ Structure
_____ Trench and/or Excavation	

Any permit based on this application is issued with the understanding that the applicant has knowledge of occupational safety and health orders applicable to the project(s) described in the application and attachments and that the applicant and supervising personnel will take special care to ensure compliance with safety orders reviewed with the applicant by the Division in the application process.

Issuance of the permit is also conditioned upon the following:

- 1) Upon initiation of any new project not described in the application the holder of an Annual Permit will provide the Division with a completed Activity Notification Form for Holders of Annual Permits describing the new project prior to the start of work preferably at least one week in advance of the start-up date.
- 2) The applicant has implemented a written Injury and Illness Prevention Program and Code of Safe Practices which meet the requirements of 8 CCR Sections 1509 & 3203.
- 3) The Division will be notified of significant changes in information provided with the application if such changes might affect the safety of the activity.
- 4) The applicant for a Trench and/or Excavation Permit shall designate a **competent person** in accordance with the requirements of 8 CCR 1504, 1541 and 1541.1. for each Trench and/or Excavation project.

5) The applicant understands that under the permit program DOSH schedules routine inspections by authorized personnel for the purpose of verifying that holders of Annual or Activity Permits are meeting their obligation to provide a safe work place for their employees. The Division reserves the right to revoke or suspend a permit if it is unable to promptly verify compliance with the terms and conditions of the permit and its issuance.

6) The applicant understands that failure to comply with any of the above listed conditions for obtaining a permit could result in denial, suspension, or the revocation of the permit. Employers may appeal these actions to the Director of the Department of Industrial Relations (California Labor Code Section 6500 at. Seq. and 8 CCR 341)

Is the applicant conducting any activities to be covered by this Permit Application Form, as a partnership or joint venture with any other persons or corporations conducting activities requiring permits?
 Yes _____ No _____ If yes, give details _____

Have any permits for any project to be covered by this permit application previously been applied for or obtained? Yes _____ No _____ If yes, when _____
 from what district office _____
 in whose name _____

DIVISION USE ONLY	
Fee _____	
Paid _____	
Approved _____	
Conference _____	
Other _____	

I hereby certify that to the best of my knowledge all information and assertions made on the Permit Application and/or Activity Notification Form are true and correct and that I/the applicant have knowledge of and will comply with the foregoing.

Signature: _____

Title: _____

Date: _____

STATE OF CALIFORNIA – DEPARTMENT OF INDUSTRIAL RELATIONS

TO: California Department of Industrial Relations
 Division of Apprenticeship Standards
 P.O. Box 420603
 San Francisco, CA 94142

AWARDING AGENCY ID NUMBER

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If you do not have an ID number please contact DAS

FROM:

**EXTRACT OF
PUBLIC WORKS CONTRACT AWARD**

A CONTRACT TO PERFORM PUBLIC WORKS UNDER LABOR CODE SECTION 1777.5 HAS BEEN AWARDED TO:

1. NAME OF GENERAL CONTRACTOR		2. CONTRACTOR'S LICENSE NO	
3. MAILING ADDRESS (STREET NUMBER OR P.O. BOX)		4. CITY	
		5. ZIP CODE	6. TELEPHONE NUMBER
7. GENERAL CONTRACTOR'S CONTACT EMAIL ADDRESS		8. ADDRESS/LOCATION OF PUBLIC WORKS SITE (INCLUDE CITY AND COUNTY):	
9. NAME OF PROJECT		8a. County	
10. CONTRACT NUMBER	11. PROJECT NUMBER	12. DOLLAR AMOUNT OF CONTRACT AWARD	
13. FIRST ADVERTISED BID DATE MONTH DAY YEAR	14. CONTRACT AWARD DATE MONTH DAY YEAR	12a. ESTIMATED TOTAL PROJECT COSTS, IF DIFFERENT FROM ITEM 12 (see instructions).	
		15. WHICH STATUTE, IF ANY, APPLIES TO THIS PROJECT?	
16. STATE CONSTRUCTION BONDS YES NO If YES, List the Sources and Dollar Amount of Bond Proceeds: SOURCES DOLLAR AMOUNT		17. WILL YOU OPERATE A DIR-APPROVED LABOR COMPLIANCE PROGRAM (LCP) FOR THIS PROJECT? YES NO	
		18. IS THERE A PROJECT LABOR AGREEMENT (PLA) ASSOCIATED WITH THIS PROJECT? If yes, please email a copy to cmupla@dir.ca.gov YES NO	
19. STARTING DATE (ESTIMATED OR ACTUAL) (MM/DD/YYYY)		20. COMPLETION DATE (ESTIMATED OR ACTUAL) (MM/DD/YYYY)	
21. BRIEF DESCRIPTION OF WORK TO BE PERFORMED		22. NEW CONSTRUCTION REMODELING ALTERATION, DEMOLITION, REPAIR OR MAINTENANCE	
23. CLASSIFICATION OR TYPE OF WORKER (CARPENTER, PLUMBER, ETC.) THAT WILL BE EMPLOYED BY THE CONTRACTOR(S) Please list Sub-contractors and their worker classifications on page 2			
24. Is language included in the Contract Award to effectuate the requirements of sections 1771, 1774, 1775, 1776, 1777.5, 1813, and 1815 of the Labor Code?		YES NO	
25. SIGNATURE	26. TITLE	27. DATE	
28. PRINTED OR TYPED NAME	29. E-MAIL ADDRESS	30. TELEPHONE NUMBERS	
If different from above, name, title, and contact information of person responsible for carrying out Awarding Body's LCP or CMU responsibilities.			
31. NAME	32. TITLE	33. E-MAIL ADDRESS	34. TELEPHONE NUMBER

Duplication of this form is permissible

EXTRACT OF PUBLIC WORKS CONTRACT AWARD (Continued)

Listing of Sub Contractors

Con. Lic. #	Contractor	Classification of workers

Provided for Reference Only.
 Please use the Web Application
 to submit your Contract Award information.
<https://www.dir.ca.gov/PWC100>