PO Box 347 Mammoth Lakes, CA 93546 760.924.1800, fax 924.1801 inspection hotline: 760.924.1827 commdev@mono.ca.gov PO Box 8 Bridgeport, CA 93517 760.932.5420, fax 932.5431 www.monocounty.ca.gov

Over-the-Counter Permit Process for Mono County Community Members affected by the Mountain View

Fire (revised 4/29/2021)

Over-the-Counter Permit Applications are issued for things like:

- o Structures under 120 square feet with utilities
- Well Houses/ Pump Houses
- Demolition Work
- New Electrical Service or Re-Energization
- Electrical Panel Repairs/ Upgrades
- o Power Pole Repair and Replacement
- o Reroofs
- New Siding

Over-the-Counter permits do not require the submission of construction documents and are, as the name states, Over-the-Counter, thus are usually issued the same day upon presentation of a Completed Building Permit Application and payment of any permit fees.

Mono County has waived all county permit fees
State permit fees are still required
Over-the-Counter permits = \$130.00 (Normal)
\$2.00 (MVF Fee Waiver applied)

Mono County Business Licenses for Contractors

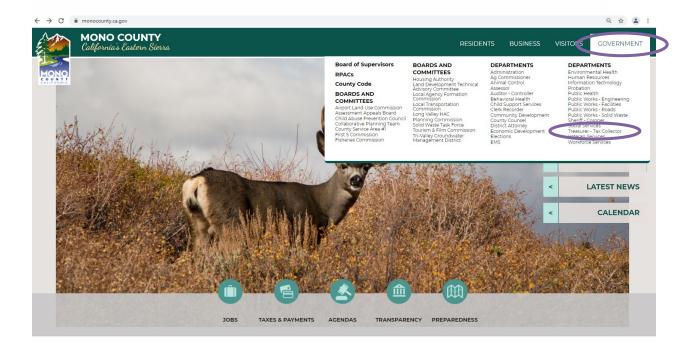
Mono County Business Licenses are required for all contractors performing work in the county.

These can be obtained through the Tax Collectors office at:

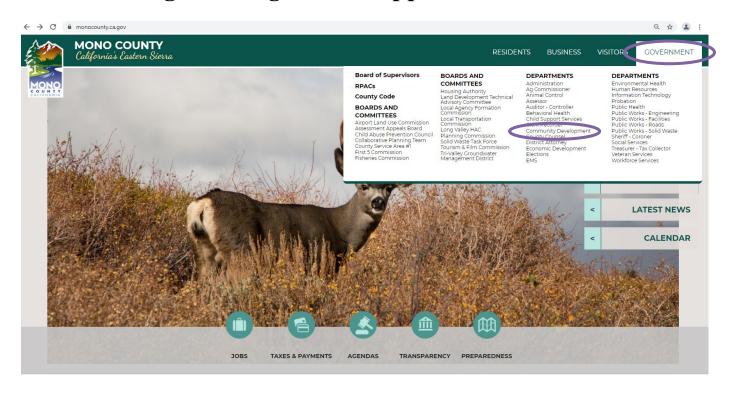
Phone: (760) 932-5480 Physical Location: 25 Bryant Street Bridgeport, CA. 93517

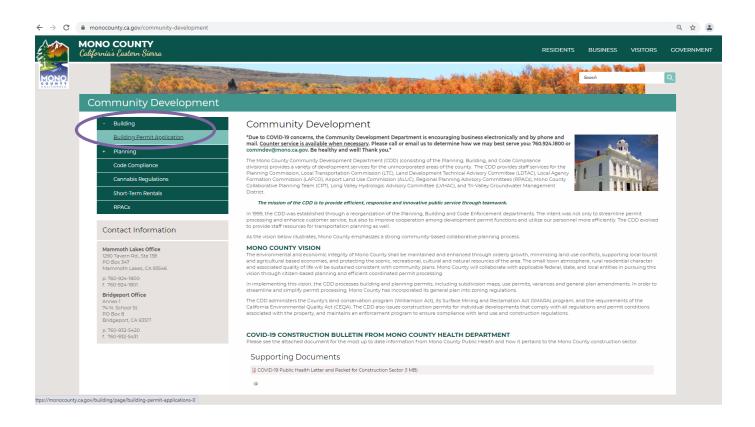
Fee Details:

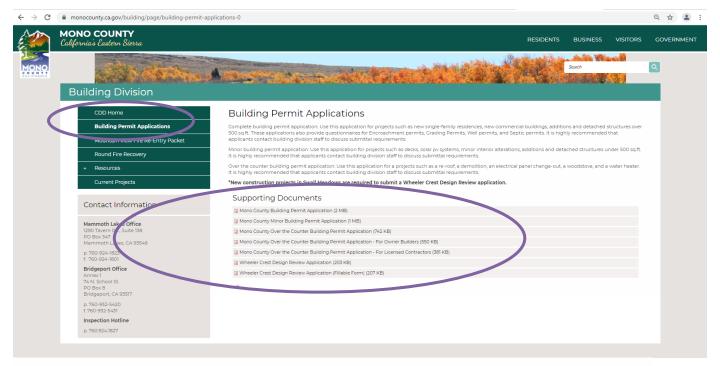
- The processing fee is now \$100.00 for one or more business transactions in one location
- If have several businesses, and different locations, you will need a separate business license for each location.
- A yearly renewal fee of \$25.00 will be charged for each business.
- The business license fee covers July 1st through June 30th of each



Accessing Building Permit Applications Online







Supporting Documents



What is an Owner Builder?

This section defines what an owner-builder is and the laws surrounding the practice.

- An owner-builder is what the term indicates: a person owns the property and acts as their own general contractor on the job, and either does the work themselves or has employees (or subcontractors) working on the project.
- The work site must be their principal place of residence that they have occupied for 12 months prior to completion of the work.
- The homeowner cannot construct and then sell more than two structures during any three-year period.

How do I complete the Building Permit Application?

Please note that all highlighted areas MUST be completed. A building permit application is not considered complete and cannot be processed without these highlighted fields completed.

For using a LICENSED CONTRACTOR, please follow these steps:

Mono County Community Development Department

PO Box 347 Mammoth Lakes, CA 93546 760 924 1800, fax 924 1801 Inspection hotline: 760 924 1827 **Building Division**

PO Box 8 Bridgeport, CA 93517 760.924.1800, fax 924.1801 Inspection hodine: 760.924.1827 www.monocounty.ca.gov

Over-the-Counter BUILDING PERMIT APPLICATION

Contact the Building Permit Center at 760.924.1823 or 760.932.5420 to discuss specific submittal requirements. For *Over-the-Counter Permits*, include installation manuals for applicable mechanical equipment.

Scope	of Work:						
Project	Valuation*:	Job Si	te & APN:				
Condition	ned Space sf	Garage/Storage sf _		overed Deck sf	Ur	ncovered Deck sf	
1. App	licant						
Tele	phone ()_		E-ma	1			
2. Plar	Check Contact*	*					
Maili	ing Address		Physi	cal Address			
City/	State/Zip		E-ma	nil			
Tele	phone ()		Fax				
3. Owi	ner						
Tele	phone ()		E-ma	I			
4. Con	tractor				OR [Owner/Builder	
Tele	phone ()		E-ma	ſ <u></u>			
Cont	ractor Lic. #		Mono	County Busin	ess Lic. #		
5. Eng	ineer/Architect/	Plan Designer					
Tele	phone ()		E-ma	I			
The applicant warrants that the foregoing is true, and if any of this information is found to be incorrect, the permit may be revoked.							
Ounced Anni	licant/Contact Cionet				ta.		
Owner/Appl	licant/Contact Signature			Da	te		

^{*}Leave blank if project includes the addition of new square footage. Written estimates for labor and materials may be requested and/or the Building Division may alter a stated valuation to ensure accuracy.

^{**} Listing a design professional is strongly recommended. Corrections/plan sets will be returned to the designated contact only.

Building Division

www.monocounty.ca.gov

PO Box 347 Mammoth Lakes, CA 93546 760 924 1800, fax 924 1801 Inspection hotline: 760 924 1827 commdev@mono.ca.gov PO Box 8 Bridgeport, CA 93517 760.924.1800, fax 924.1801 Inspection hot line: 760.924.1827 www.monocounty.ca.gov

LICENSED CONTRACTOR'S DECLARATION

For Mono County Building Permit Application

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 No.	
Date	
	DI NA
Contractor Signature	

Building Division www.monocounty.ca.gov

PO Box 347 Mammo ft Lakes, CA 93546 760 924 1800, ftx 924 1801 Inspection hotine: 760 924 1827 commdev@mono.ca.sov

Signature of Applicant

PO Box 8
Bridgeport, CA 93517
760.924.1800, fax 924.1801
Inspection holdine: 760.924.1827
www.monocounty.ca.sov

WORKERS' COMPENSATION DECLARATION

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.

I hereby affirm under penalty of perjury one of the following declarations (MUST INITIAL ONE):

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 Number _____

Expiration Date ______

Name of Agent ______

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.

Page 5 of 10

Date

Please note that all highlighted areas MUST be completed. A building permit application is not considered complete and cannot be processed without these highlighted fields completed.

For proceeding as **OWNER BUILDER**, please follow these steps:

Mono County Community Development Department

PO Box 347 Mammoth Lakes, CA 93546 760.924.1800, fax 924.1801 Inspection hotline : 760.924.1827 commdev@mono.ca.gov **Building Division**

PO Box 8 Bridgeport, CA 93517 760.924.1800, fix 924.1801 Inspection hodine: 760.924.1827 www.monocounty.ca.gov

Over-the-Counter BUILDING PERMIT APPLICATION

Contact the Building Permit Center at 760.924.1823 or 760.932.5420 to discuss specific submittal requirements. For Over-the-Counter Permits, include installation manuals for applicable mechanical equipment.

Scope of Work:		
Project Valuation*:	Job Si	te & APN:
Conditioned Space sf	Garage/Storage sf _	Covered Deck of Uncovered Deck of
1. Applicant		
Telephone ()		E-mail
2. Plan Check Contact**		
Mailing Address		Physical Address
City/State/Zip		E-mail
Telephone ()		Fax ()
3. Owner		
Telephone ()		
4. Contractor		OR Owner/Builder
Telephone ()		E-mail
Contractor Lic. #		Mono County Business Lic. #
5. Engineer/Architect/Pla	n Designer	
Telephone ()		E-mail
The applicant warrants that the permit may be revoked.	e foregoing is true,	and if any of this information is found to be incorrect, the
Owner/Applicant/Contact Signature	-144	Date Section Weitten estimates for labor and materials may be requested.

^{*}Leave blank if project includes the addition of new square footage. Written estimates for labor and materials may be requested and/or the Building Division may alter a stated valuation to ensure accuracy.

^{**} Listing a design professional is strongly recommended. Corrections/plan sets will be returned to the designated contact only.

Building Division www.monocounty.ca.gov

PO Box 347 Mammoth Lakes, CA 93546 760.924.1800, fax 924.1801 Inspection hotline: 760.924.1827 commdev@mono.ca.gov PO Box 8 Bridgeport, CA 93517 760.924.1800, fax 924.1801 Inspection hotline: 760.924.1827 www.monocounty.ca.gov

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the check mark(s) I HAVE CHECKED NEXT TO
THE APPLICABLE ITEM(S) next to the applicable item(s) (Section 7031.5, Business and
Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):
I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).
I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.). am exempt from licensure under the Contractors' State License Law for the following
reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been

law, Section 7044 of the Business and Profe	essions Code, is available upon request when this Web site: http://www.leginfo.ca.gov/calaw.html.
Date	
Signature of Property Owner or Authorized	Agent:
The state of the s	

For Staff Use Only:	
The following documentation has or her signature	s been presented to verify the property owner and his
California Drivers License	Other
Initials:	

Building Division

PO Box 347 Mammoth Lakes, CA 93546 760.924.1800, fix 924.1801 Inspection hotline: 760.924.1827 commdev@mono.ca.gov PO Box 8 Bridgeport, CA 93517 760.924.1800, fax 924.1801 Inspection holdine: 760.924.1827 www.monocounty.ca.gov

WORKERS' COMPENSATION DECLARATION

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.

I hereby affirm under penalty of perjury one of the following declarations (MUST INITIAL ONE): 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: Policy Number Expiration Date Name of Agent _____ Phone # 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. Signature of Applicant Date

Page 5 of 10

Building Division

www.monocounty.ca.gov

PO Box 347 Mammoth Lakes, CA 93546 760.924.1800, fax 924.1801 Inspection hotline: 760.924.1827 commdev@mono.ca.gov PO Box 8 Bridgeport, CA 93517 760 9241800, fax 924.1801 Inspection hotline: 760.924.1827 www.monocounty.ca.gov

NOTICE TO PROPERTY OWNER

(Required when Owner-Builder Declaration is submitted)

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified at

We are providing you with an Owner-Builder Acknowledgment and Information Verification Form to make you aware of your responsibilities and possible risk you may incur by having this permit issued in your name as the Owner-Builder.

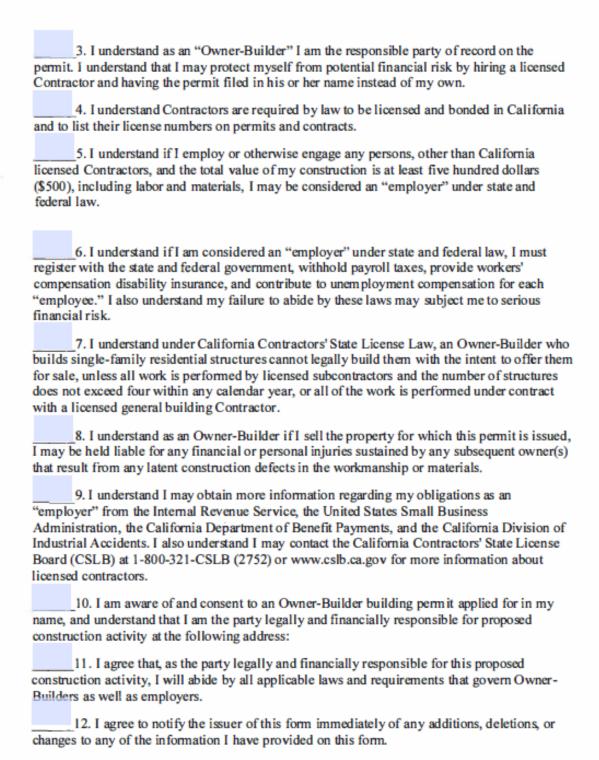
We will not issue a building permit until you have read, initialed your understanding of each provision, signed, and returned this form to us at our official address indicated. An agent of the owner cannot execute this notice unless you, the property owner, obtain the prior approval of the permitting authority.

OWNER'S ACKNOWLEDGMENT AND VERIFICATION OF INFORMATION

DIRECTIONS: READ AND INITIAL EACH STATEMENT below to signify you understand and verify this information.

- 1. I understand a frequent practice of unlicensed persons is to have the property owner obtain an "Owner-Builder" building permit that erroneously implies that the property owner is providing his or her own labor and material personally. I, as an Owner-Builder, may be held liable and subject to serious financial risk for any injuries sustained by an unlicensed person and his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an Owner-Builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
- 2. I understand building permits are not required to be signed by property owners unless they are responsible for the construction and are not hiring a licensed Contractor to assume this responsibility.

Page 8 of 10



Licensed contractors are regulated by laws designed to protect the public. If you contract with someone who does not have a license, the Contractors' State Licensing Board may be unable to assist you with any financial loss you may sustain as a result of a complaint. Your only remedy against unlicensed Contractors may be in civil court. It is also important for you to understand that if an unlicensed contractor or employee of that individual or firm is injured while working on your property, you may be held liable for damages. If you obtain a permit as Owner Builder and wish to hire contractors, you will be responsible for verifying whether or not those contractors are properly licensed and the status of their worklers' compensation insurance coverage.

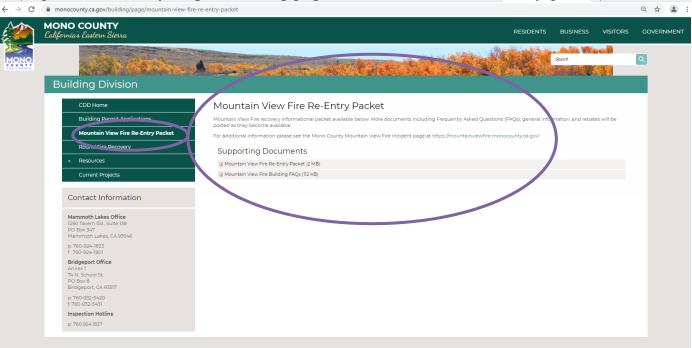
Before a building permit can be issued, this form must be completed and signed by the property owner and returned to the agency responsible for issuing the permit.

Note: A copy of the property owners drivers license, form notarization, or other verification acceptable to the agency is required to be presented when the permit is issued to verify the property owners signature.

Signature of Property Owner	YOU NA
-----------------------------	--------

Other Mountain View Fire Resources

Mono County Mountain View Fire FAQs and Re-Entry Packet (https://monocounty.ca.gov/building/page/mountain-view-fire-re-entry-packet)



Mono County Mountain View Fire Incident Page

(https://mountainviewfire.monocounty.ca.gov/)

