



City of El Cajon
Building and Fire Safety Division
200 Civic Center Way.
El Cajon, CA 92020
Phone: (619) 441-1726
Fax: (619) 441-1743

PERMIT BY FAX

JOB ADDRESS: _____	APN: _____	
OWNER NAME: _____	PHONE: _____	
OWNER ADDRESS: _____		
CONTRACTOR NAME: _____	PHONE: _____	
CONTRACTOR ADDRESS: _____		
CITY BUSINESS LICENSE #: _____	EXP: _____	
STATE LICENSE #: _____	EXP: _____	
WORKERS COMP #: _____	EXP: _____	COMPANY: _____
DESCRIPTION OF WORK (Include # of circuits, outlets, fixtures, reroof squares, etc): _____ _____ _____		

I have carefully examined the completed "Application and Permit" and do hereby certify under penalty of perjury that all information hereon including the declarations are true and correct, and I further certify and agree if a permit is issued, to comply with all city, county, and state laws and ordinances governing the City of El Cajon against all liabilities, judgments, cost, and expenses which may in any way accrue against said City in the consequence of the granting of this permit. I also hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.

I have declared status with regard to workers compensation laws on this form. My signature on this form constitutes my agreement to this declaration.

Expiration: Every permit issued by the Building Official under the provision of this code shall expire by limitation and become null and void, if the building or work authorized by such permit is not commenced within 180 days (or a length of time as set by the Building Official herein (___ days)) from the date of such permit, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.

AN OSHA PERMIT IS REQUIRED FOR EXCAVATIONS OVER FIVE FEET DEEP AND DEMOLITION OR CONSTRUCTION OF STRUCTURES OVER THREE STORIES IN HEIGHT.

Signature: _____ Print Name: _____ Date: _____
() Owner () Contr. () Agent () Other

Approved by: _____ Date: _____

