

CITY OF UNION CITY
BUILDING DIVISION

Faxed Permit

Application Procedure

For use of CA State Licensed Contractor's Only
(Revised July 1, 2009)



***** Please note there is a \$43.35
processing fee for each faxed permit*****

City of Union City
Attention: Building Division
34009 Alvarado-Niles Road
Union City, CA 94587

Phone #: (510) 675-5313

Fax #: (510) 475-7318

Inspection Recorder #: (510) 487-0711

F A X E D P E R M I T S

This packet includes the policy and procedure for obtaining permits by fax. Included in the packet you will find the following:

- Acceptable projects for fax permits
- How to apply for a permit
- How to request an inspection
- Credit Card Authorization Form (*completed original form must be returned to Building Division*)
- Blank Permit Application (*please make additional copies for future applications*)
- Courtesy letter for contractor to give homeowner in regards to inspection requests

CITY OF UNION CITY - BUILDING DIVISION
F A X E D P E R M I T S

Acceptable Projects for Faxed Permits

1. Minor plumbing, mechanical, and electrical work.
2. Replacement of hot water heaters.
3. Replacement of residential electrical service.
4. Replacement of wall furnaces or HVAC units of equal or less BTU ratings.
5. Re-roofing without adding additional weight to roof (*i.e., replacing composition with concrete tile*).
6. Repair or replace water and/or gas lines.
7. Termite work with submittal of termite report (*2 copies*) showing estimate of work and specific items to be repaired (*circled on report*).

Applying for a Permit

1. All pertinent information on permit application must be filled out in order to be processed.
2. Faxed applications will be processed the next business day. A copy of the permit will be faxed to the fax number on the credit card authorization and the hard copy will be mailed to the contractor's address listed on the permit application.
3. It is the contractor's responsibility to make sure the hard copy of the permit card is on-site for the inspection.

Requesting an Inspection

1. Inspection requests must be made by calling the Inspection Recorder at **(510) 487-0711**.
2. The inspector will be out to perform the inspection the first working day after the inspection request is made. Inspections may be called in up until **6:00 a.m.** the morning of the requested inspection day.
3. The information required when leaving a message on the recorder includes:
 - project number
 - job site street address
 - type of inspection
 - preference for an AM or PM inspection
4. The building inspectors are available for technical questions between 8:00 and 8:30 a.m. Please call (510) 675-5313 the morning of the inspection to be connected with the inspector assigned to the project.

FAXED PERMITS

*Credit Card Authorization Form**

I hereby certify that I will comply with any and all declarations and agreements on the faxed permit application that bears my signature. The following employees have my permission to use my credit card to obtain permits in the name of my company.

COMPANY INFORMATION

Company Name: _____

Address: _____

City/Zip Code: _____

Phone #: _____) _____ - _____

FAX #: _____) _____ - _____

CREDIT CARD INFORMATION

Type of Credit Card (Circle One): VISA MasterCard

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Cardholder's Name: _____

Signature: _____

AUTHORIZED USERS

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

FOR CITY USE ONLY

Verified: YES NO Signature: _____ Date: ____/____/____

* This authorization is for permit applications received by fax *only*.

This form must be returned to City Hall in person or by mail with original signatures. Faxed copies will NOT be accepted.

CITY OF UNION CITY

BUILDING PROJECT IDENTIFICATION				TYPE OF PERMIT		
JOB ADDRESS:		SUITE/BLDG or LOT #		<input type="checkbox"/> NEW CONST.	<input type="checkbox"/> ELEC	<input type="checkbox"/> REROOF
PROPERTY OWNER'S NAME:		PROPERTY OWNER'S ADDRESS:		<input type="checkbox"/> ADD'N	<input type="checkbox"/> MECH	<input type="checkbox"/> SIGN
				<input type="checkbox"/> ALTER/ REPAIR	<input type="checkbox"/> PLBG	<input type="checkbox"/> _____
CONTRACTOR INFORMATION:						
CONTRACTOR:		CONTACT PERSON <small>(First and Last Name)</small>				
ADDRESS:			STATE	ZIP CODE		
PHONE NO:		CONTRACTOR LICENSE NO.		EXP. DATE		
LICENSED CONTRACTORS DECLARATION				VALUATION \$		
<p>I hereby affirm that I am licensed under the 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.</p> <p>License Class _____ Ex: _____</p>				<p style="font-size: 24pt; font-weight: bold;">VALUATION \$</p>		
WORKER'S COMPENSATION DECLARATION		DESCRIPTION OF WORK BEING DONE:				
<p>I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab C).</p> <p>Policy No. _____ Company: _____</p> <p>Applicant: _____ Date: _____</p>		<p style="text-align: center;">I CERTIFY THAT I HAVE READ THIS APPLICATION AND PERMIT AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORITY REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE-MENTIONED PROPERTY FOR INSPECTION PURPOSES.</p>				
<p style="text-align: center;">CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE (This section need not be completed if the permit is for two hundred dollars (\$200) or less.) 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 Worker's Compensation Laws of California.</p> <p>X OWNER/CONTRACTOR _____ DATE _____</p>						
<p>NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.</p>		PRINT NAME OF APPLICANT OR AGENT				
		SIGNATURE OF APPLICANT OR AGENT		TITLE		DATE
		ISSUED BY:				DATE
CONSTRUCTION LENDING AGENCY		<p>THE ABOVE APPROVAL GRANTS PERMISSION TO DO THE WORK COVERED BY THIS APPLICATION AND PERMIT IN ACCORDANCE WITH PLANS AS APPROVED AND ALL APPLICABLE CITY AND STATE ORDINANCES, REGULATIONS AND LAWS GOVERNING LOCATION, CONSTRUCTION AND OCCUPANCY OF BUILDING. EXPIRATION OF PERMIT: THIS PERMIT EXPIRES IF THE BUILDING OR WORK AUTHORIZED HEREIN IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF APPROVAL, OR IF WORK IS SUSPENDED FOR A PERIOD OF 180 DAYS OR ABANDONED AFTER EXPIRATIONS, THIS PERMIT MUST BE RENEWED BEFORE WORK MAY BE COMMENCED AGAIN.</p>				
<p>I HEREBY AFFIRM THAT THERE IS A CONSTRUCTION LENDING AGENCY FOR THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED (SEC. 3097. CIV.C.)</p> <p>LENDER'S NAME: _____</p> <p>LENDER'S ADDRESS _____</p>						

CITY OF UNION CITY
BUILDING DIVISION
Inspection Request Procedure

Dear Homeowner,

The work that has recently been completed at your home requires a "final" inspection by a city Building Inspector. To set up an inspection, please note the following information:

Requesting an Inspection

1. Inspection requests must be made by calling the Inspection Recorder at **(510) 487-0711**.
2. The inspector will be out to perform the inspection the first working day after the inspection request is made. Inspections may be called in up until **6:00 a.m.** the morning of the requested inspection day.
3. The information required when leaving a message on the recorder includes:
 - Project number
 - Jobsite street address
 - Type of inspection (i.e. Water Heater, Furnace, A/C Unit, etc.)
 - Preference for an AM or PM inspection
4. The building inspectors are available for questions between 8:00 and 8:30 a.m. Please call (510) 675-5313 the morning of the inspection to be connected with the inspector assigned to the project.

Thank you,

Permit Technician