


CITY OF UNION CITY  
BUILDING DIVISION

## ***Faxed Permit***

### ***Application Procedures***

*For use of CA State Licensed Contractor's Only*



\*\*\* Please note there is a \$28.00  
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**

***(Effective Date: July 1, 2017)***

**CITY OF UNION CITY - BUILDING DIVISION**  
**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
- Residential Smoke and Carbon Monoxide Alarms

**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, must be registered for HERS testing.
5. Re-roofing without adding additional weight to roof under \$50,000 in value. (*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 within 2 business days.*** 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.

34009 ALVARADO-NILES ROAD  
 UNION CITY, CA 94587  
 Ph. (510) 675-5313  
 INSPECTION RECORDER (510) 487-0711

# CITY OF UNION CITY

BUILDING PROJECT IDENTIFICATION				TYPE OF PERMIT	
JOB ADDRESS:		SUITE/BLDG or LOT #		<input type="checkbox"/> BUILDING	<input type="checkbox"/> ELECTRICAL
PROPERTY OWNER'S NAME:		PROPERTY OWNER'S ADDRESS:		<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING
CONTRACTOR INFORMATION:					
CONTRACTOR:		CONTACT PERSON <small>(First and Last Name)</small>			
STREET NUMBER, STREET NAME, CITY:			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>					
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>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 AYTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE-MENTIONED PROPERTY FOR INSPECTION PURPOSES.</p>			
<p><b>CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE</b>  <small>( This section need not be completed if the permit is for two hundred dollars (\$200) or less.)</small>            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</p>		DATE		PRINT NAME OF APPLICANT OR AGENT	
<p><b>NOTICE TO APPLICANT:</b> 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>		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>			
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.)					
LENDER'S NAME: _____					
LENDER'S ADDRESS _____					

CITY OF UNION CITY - BUILDING DIVISION  
**F A X E D P E R M I T S**  
***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: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
FAX #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Credit Card Information***

Type of Credit Card (circle one):    VISA    MC  
Credit Card #: \_\_\_\_\_  
Expiration Date:    \_\_\_ / \_\_\_  
Cardholder 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***