



**BUILDING DIVISION**  
34009 Alvarado-Niles Road  
Union City, California 94587  
Phone No. (510) 675-5313  
FAX No. (510) 475-7318

## **FAX, EMAIL, or MAIL-IN PROCESS FOR OVER-THE-COUNTER PERMITS**

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

**Fax Number:** (510) 475-7318

**Email:** [building@unioncity.org](mailto:building@unioncity.org)

**Address:** Building Division  
34009 Alvarado-Niles Road  
Union City, CA 94587

### **Acceptable projects for Fax, Email, or Mail-In Permits**

- Minor plumbing, mechanical, and electrical work
- Replacement of hot water heaters
- Replacement of residential electrical service
- Replacement of wall furnaces or HVAC units (*CF1R Form Required*)
- Re-roof permits not adding additional weight
- Repair or replace water and/or gas lines

### **Fax Permit Process**

- Fax the Completed Permit Application
- Fax the Credit Card Authorization Form
- A copy of the permit will be faxed to the fax number provided on the credit card authorization form
- The official hard copy will be mailed to the contractor's address listed on the application

### **Email Permit Process**

- Email the Completed Permit Application
- Payment Options:
  1. Fax the credit card authorization form to (510) 475-7318. (***Emailed forms will not be accepted***)
  2. Invoice will be emailed to the applicant with instruction for over the phone payment.
- A copy of the permit will be emailed to the applicant
- The official hard copy will be mailed to the contractor's address listed on the application

### **Mail-In Permit Process**

- Mail-In Completed Permit Application
- Payment Options:
  1. Mail-In the credit card authorization form with the application
  2. Invoice will be emailed to the applicant with instructions for over the phone payment.
- A copy of the permit will be emailed to the applicant
- The official hard copy will be mailed to the contractor's address listed on the application



# FAX PERMIT APPLICATION

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<b>Type of Project:</b>			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Building Permit <input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Electrical Permit <input type="checkbox"/> Mechanical Permit		
Description of Work: _____ _____			
Job Address: _____		Valuation: \$ _____	
<b>Contractor Information:</b>			
Name of Company:			
Contact Name:			
Address:	City:	State:	Zip:
Phone Number:	E-mail Address:		
<b>Owner Information:</b>			
Name:			
Address:	City:	State:	Zip:
<b>Licensed Contractors Declaration:</b> 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.			
License Number: _____ License Class: _____ Expiration Date: _____			
<b>Worker's Compensation Declaration:</b> 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).			
Policy No. _____ Company: _____ Applicant: _____ Date: _____			
<b>Certificate of Exemption from Worker's Compensation Insurance :</b> <i>(This section need not be completed if the permit is for two (\$200) or less)</i> 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.			
Contractor Signature: _____ Date: _____			
NOTICE TO APPLICANT: <i>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.</i>			
<b>Construction Lending Agency:</b> 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)			
Lenders Name: _____ Lender's Address: _____			
<b>Contractor Signatures:</b> 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 authorize representatives of this city to enter upon the above mentioned property for inspection purposes.			
Print Name of Applicant:			
Signature of Applicant:			Date:
Issued By:			Date:
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. <b>Expiration of permit:</b> 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.			



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CITY OF UNION CITY - BUILDING DIVISION
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.

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 MASTER CARD
Credit Card #:
Expiration Date:
Cardholder Name:
Signature: Date:

This form must be returned to City Hall in person, by mail, or faxed to the Building Department at (510) 475-7318. E-Mail will NOT be accepted.