State of California Business, Transportation and Housing Agency DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT Division of Codes and Standards



DTN / Permit No.

AA No. RT TO _____ RT BY

__Zip____

Inspection To Obtain Insignia

Fee Date ____

_)

Alteration Addition or Conversion Alternate App	APPLICATION FOR roval Technical Services Inspect
CONTRACTOR / OWNER-BUILDER DECLARATIONS Not required for Special Purpose Commercial Modular	SECTION 1 - UNIT INFORMATION
1. LICENSED CONTRACTORS DECLARATION	I / We are requesting services for the following unit(s): (Check Appropriate Box)
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.	 Manufactured Home/Mobilehome Multifamily Manufactured Home
License ClassLic. No Exp. Date	 Commercial Modular (Occupancy Group Special Purpose Commercial Modular
Contractor Date	Decal Number
2. OWNER-BUILDER DECLARATION	Serial Number(s) / VIN Number
I hereby affirm under penalty of perjury that I am exempt from the Contractors' License Law for the following reason:	
(Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' License Law Chapter 9 (commencing with Section 7000 of Division 3 of the Business and Professions Code) or that he or she is exempt there from and the basis for the alleged exemption. Any	Manufacturer Name / Model NameYear of Manufacture
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 the work, and the structure is not intended of offered for sale.	Insignia / HUD Label Number(s)
	SECTION 2 – OWNER / APPLICANT INFORMATION
(Sec. 7044, Business and Professions Code: The Contractors' License Law does not apply to an owner of property, who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such	Owner
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 he or she did not build or improve for the purpose of sale.).	Address
	CityCounty
[] I, as owner of the property, am exclusively contracting with licensed contractors to construct the project	Location Address
(Sec. 7044, Business and Professions Code: The Contractors' License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors' License Law.).	Park Name (If Applicable)
[] I am exempt under Sec, B. & P.C. for this reason:	Applicant
	Address
	CityCounty
3. WORKERS' COMPENSATION DECLARATION	Telephone – Applicant
I hereby affirm under penalty of perjury one of the following declarations:	
[] I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.	SECTION 3 – CONTRACTOR, ARCHITECT OR ENGINEER I Contractor's Name
[] 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:	Address Architect / Engineer Name
Carrier	Registration No
Policy Number	Address
[] 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 workers' compensation laws of California, and agree that if I should become subject to workers	SECTION 4 - DESCRIPTION OF WORK / ACTIVITY AND V
compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.	Describe the proposed work / activity in detail. At structural alterations or additions are proposed, c calculations are required to be attached to this for
ApplicantDate	appliance to be installed and provide complete
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.	alternations or additions.
4. CONSTRUCTION LENDING AGENCY	
I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).	Indicate the Total Cost of the Work to be Performed_
Lender's Name	SECTION 5 - SIGNATURE AND CERTIFICATION
Lender's Address	I / We hereby make application for the services desig
5. CERTIFICATION	Signature
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter	signature
upon the above-mentioned property for inspection purposes.	Permit Expiration Date
	APPROVED CONDITIONS (see reverse sid
	Issued By:
Signature of Applicant or Agent Date	Closed / Signature of District Representative
HCD 415 (Rev. 07/2013)	

HCD 415 (Rev. 07/2013)

_____ Park ID#_____ _Zip_ _____ Homeowner ______ (If Different than Applicant) GINEER INFORMATION IY AND VALUATION letail. Attach additional pages if necessary. Where posed, complete plans, specifications, details, and to this form. Provide the make and model of any complete electrical calculations for any electrical formed_____

ces designated above.

TMENT USE ONLY**

Date

	D CONDITIONS (see	reverse side)	DISAPPROVED (see reverse side)
Issued By:			Date:
Closed / Signat	ure of District Representative	9	Date
DISTRIBUTION:	YELLOW - DEPARTMENT	WHITE - AREA OFFIC	E PINK – OWNER/APPLICANT

INSTRUCTIONS:

Inspection to Obtain Insignia: Complete Sections 1, 2, 3, 4, 5 and Contractor/Owner-Builder Declarations. Submit the application and the required fees to one of the appropriate Area Office listed below. Upon return receipt of your processed application (White Copy), contact the designated Area Office to schedule the inspection date.

Alteration, Addition or Conversion: Complete Sections 1, 2, 3, 4, 5, and Contractor/Owner-Builder Declarations. Submit the completed application and required fees to the appropriate Area Office listed below. Upon return receipt of your processed application (White Copy), contact the designated Area Office to schedule the inspection date.

Technical Services: Complete Sections 1, 2, 3, and 5. Submit the completed application and required fees to the appropriate Area Office listed below. Upon return receipt of your processed application (White Copy), contact the designated Area Office to schedule an appointment for services.

Southern Area Office 3737 Main Street, Suite 400 Riverside, CA 92501 (951) 782-4420 Northern Area Office 9342 Tech Center Drive #550 Sacramento, CA 95826 (916) 255-2501

Alternate Approval: Complete Sections 1, 2, 3, 4, and 5. Submit the completed application and required fees to: Department of Housing and Community Development, Manufactured Housing Section, P.O. Box 31, Sacramento, CA 95812-0031. If you have any questions you may contact the Department at (916) 445-3338.

- SECTION 1 UNIT INFORMATION: Check one box to indicate the type of unit for which you are requesting services. If Commercial Coach, also indicate the Occupancy Group Code (i.e. B2, E2, A1, etc.) in the space provided. Enter the unit serial number(s). The serial number(s) can be located on the Manufacturer's Certificate of Origin, the Certificate of Title, registration documents or on the front cross member of the unit. Enter the year the unit was manufactured. Enter the manufacturer's name and/or trade name. This information can be obtained from the Manufacturer's Certificate of Origin, the Certificate of Title, registration documents or may be designated on the outside of the unit itself. Enter the decal or license number. This number is located on the license plate issued by DMV or the decal issued by the Department of Housing. Enter the California Insignia Number(s) or HUD Label Number(s) that were issued for this unit, if known.
- SECTION 2 OWNER/APPLICANT INFORMATION: Enter the owner's name(s) and address of the unit. If the address for the owner is different than the location of the unit, provide that information is the "Location Address" area. If the applicant is other than the owner, enter the name, address and telephone number of the applicant. The Department will contact or correspond with the party that is entered as the applicant. If the applicant is the same as the owner, the applicant information is not required to be completed.
- SECTION 3 CONTRACTOR, ARCHITECT OR ENGINEER INFORMATION: If the services are being performed by a contractor, enter the contractor's name and address. Also enter the contractor's license expiration date. If requested services involve an Architect or Engineer, enter the architect or engineer's name, address and license number.
- SECTION 4 DESCRIPTION OF WORK/ACTIVITY AND VALUATION: Provide a description of the work to be performed (i.e., installing a new roof, installing new windows, etc.) Enter the total cost of the work to be performed (total contact price).
- **SECTION 5** SIGNATURE AND CERTIFICATION: The signature of the applicant is required along with the date the form is signed. If the application is for a replacement insignia or HUD label, the signature must be of the owner of the unit.

CONTRACTOR/OWNER-BUILDER DECLARATIONS

Contractor: Contractors proposing construction are required by state law to provide the following information:

- Item 1 Licensed Contractor Declaration: Enter the contractor's license class, license number, license expiration date and the contractor's signature and date.
- Item 3 Workers' Compensation Declaration: Place a check mark next to the declaration regarding the workers' compensation coverage that applies to the contractor. If the second declaration is marked, the contractor must also provide the carrier's name and policy number. This item must be signed by the contractor and dated.
- Item 4 Construction Lending Agency: If there is a construction lending agency for the performance of the work for the service being requested, enter the name and address of the lending agency. If there is no lending agency involved, enter the word "none".
- Item 5 Certification: The certification must be signed and dated by the contractor or and agent on behalf of the contractor.

Owner-Builder: If the work or activity as described on the application, is being completed by the owner, the owner must complete the following items:

- Item 2 Owner-Builder Declaration: Place a check mark next to the declaration which is applicable. If the third declaration is marked, enter the section number from the Business and Profession Code which provides the exemption and the reason for the exemption. The owner must also sign and date this section.
- Item 5 Certification: The certification must be signed and dated by the owner.

DEPARTMENT USE ONLY

APPROVAL OF THIS APPLICATION IS CONDITIONED TO COMPLIANCE WITH REGULATIONS OF THE DEPARTMENT: Any approval issued by the Department pursuant to this application is conditioned upon the applicant's compliance with the applicable provisions of the California Administrative Code, Title 25, Chapter 3, and the Business and Professions Code as it relates to contracting.