

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH

Division of Environmental Health

202 Mira Loma Drive, Oroville, CA 95965

Telephone (530) 538-7281 FAX (530) 538-5339

UNDERGROUND TANK REPAIR/MODIFICATION APPLICATION AND PERMIT

FACILITY NAME _____ A.P.# _____

FACILITY ADDRESS _____

TANK OWNERS NAME & ADDRESS _____

CONTRACTOR'S NAME _____ LICENSE TYPE & NO. _____

CONTRACTOR'S ADDRESS _____ PHONE NO. _____

DESCRIPTION OF WORK: _____

WORKERS' COMPENSATION DECLARATION

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.*
- () *I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____ Policy Number: _____
(The above sections need not be completed if the permit is for work of a valuation of one hundred dollars (\$100) 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.*

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARD (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AND PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Applicant: Owner _____ Licensed Contractor _____ Authorized Agent _____

- Please attach: 1) Construction plans
 2) Equipment listing and specifications (cut sheets).

OFFICE USE ONLY

Fee Received _____ Date Fee Received _____ Receipt No. _____

Permit Issuance Date _____ Authorized Signature _____

This permit expires one year from date of issuance.