



Licensed contractors may obtain construction permits by FAX for certain types of projects such as:

- Replacement of water heaters.
- Residential re-roofing.
- Replacement of furnaces, air conditioning units, and similar mechanical devices.
- Installation of new, or replacement of existing, electrical service panels and other electrical work not requiring drawings.
- Plumbing work not requiring drawings.

Contractors who have signed up to obtain permits by FAX will be able to apply for a permit any time of the day by faxing a "Permit Application" to Building Inspection. City staff will attempt to process each application within three hours of receipt if received by 2:00 p.m. on a business day. For applications received after 2:00 p.m. or during nonbusiness hours, City staff will attempt to process each application by 11:00 a.m. of the next business day. Payment of permit fees is accomplished utilizing a pre-approved credit card.

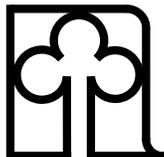
A copy of the completed permit application form will be faxed to the contractor. A permit copy, along with the payment receipt, will be mailed to the contractor. The job card will be delivered to the job site by a Building Inspector at the time of the first requested inspection. To request an inspection, the contractor needs to call the Building Inspection office the day prior to the date of the requested inspection. The contractor may also indicate a requested inspection date on the faxed permit application form.

To participate in permits by FAX, contractors will need to:

- Hold a valid contractor's license for the type of work they intend to do.
- Have a current City business license.
- Be covered by Workers Compensation Insurance or demonstrate they are exempt from Workers Compensation Insurance requirements.
- Complete a "Permit by Fax Program Application" and mail it to the Building Inspection Division, 37101 Newark Boulevard, Newark, CA 94560-3796 (**original signatures are required on declarations and credit card authorization form**).
- If not already done so, complete a "Business License Application" and mail it in with the Permit by FAX Application.

Following are the various forms needed to apply for and use this service:

- Permits by FAX Program Application
- FAX Permit Application
- Business License Application (Contact the City Finance office at (510) 578-4316 or www.newark.org to obtain a copy of this form.)



Permits by FAX Program Application

CITY OF NEWARK, CALIFORNIA

BUILDING INSPECTION DIVISION

37101 Newark Blvd, Newark, CA 94560-3796 510-578-4261 Fax 510-578-4307 e-mail: building.inspection@newark.org

Company Name _____

Address _____
Street *City* *State* *Zip*

Phone No. _____ Fax No. _____ Calif. Contractor's License No. _____

City Business License No. _____

I authorize the City of Newark Building Inspection Division to accept a facsimile of my signature, or that of authorized individuals, on a faxed permit application in lieu of an in-person signature at the Building Inspection office. I certify that I have read, understand, and will comply with all declarations and agreements listed on this application.

The following individuals have my permission to sign permit applications and use my credit card to obtain permits in the name of my company and may sign permits as the Applicant or Agent on my behalf.

Printed name of authorized individual *Signature*

Printed name of authorized individual *Signature*

Printed name of authorized individual *Signature*

I hereby affirm under penalty of perjury that I am licensed under provisions of Ch. 9, commencing with Sec. 7000, of Div. 3, Business and Professions Code and my license is in full force and effect.

I hereby affirm under penalty of perjury that I have and will maintain a certificate of consent to self-insure **or** will maintain a certificate of Workers Compensation Insurance for the performance of the work for which this permit is issued. (Section 3700, Labor Code)

or

I hereby affirm under penalty of perjury 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 Workers Compensation Laws of the State of California and agree that if I should become subject to Workers Compensation provisions, I will comply with those regulations. (Section 3700, Labor Code)

Payment Information

[] VISA [] Mastercard [] Discover Card No. _____

Name as it appears on card: _____ Expiration Date: _____

I certify that I have read this application and the above information is correct. I agree to comply with all ordinances of the City of Newark and the County of Alameda and the laws of the State of California relating to building construction, and hereby authorize agents of the City of Newark to enter and inspect the property described on individual building permits.

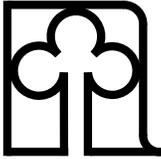
Signature of Applicant

Printed Name of Applicant

Date

Permit Application

For use by contractors enrolled in the Permits by FAX program



CITY OF NEWARK, CALIFORNIA

BUILDING INSPECTION DIVISION

37101 Newark Blvd, Newark, CA 94560-3796 510-578-4261 Fax 510-578-4307 e-mail: building.inspection@newark.org

Project Address:

Project Information: Project Type: [] Building - Reroof
 [] Plumbing - Water Heater - Repipe - Repair
 [] Electrical - Service Change-out - Additional Circuits
 [] Mechanical - Furnace and/or A/C Replacement or Installation

Project Valuation: \$ _____ AFUE rating _____ SEER _____
Annual Fuel Utilization Efficiency Seasonal Energy Efficiency Ratio

Project Description:

- If a reroof, indicate tear-off or overlay over number of existing layers, new roof covering material, roof slope
- If water heater replacement, indicate size. If repipe, indicate water, waste, or gas and piping material. If repair, indicate scope and location.
- If service change-out, indicate size, underground, or overhead service. If new circuits, indicate quantity and size. If repair, indicate scope and location.

Property Owner Information: (Required)

Name: _____ Phone No. _____

Address _____
Street City State Zip

Contractor Information:

Name: _____

Address _____
Street City State Zip

Phone No. _____ Fax No. _____ Cont. Lic.No. _____

Signature of Contractor's Authorized Agent Printed Name of Agent Date

Inspection Request:

I request an inspection for (day and time): _____
Date

[] Monday [] Thursday [] AM
 [] Tuesday [] Friday [] PM
 [] Wednesday

A Building Inspection staff person will call you to confirm your inspection request.

City Use Only

[] Permit was issued. Application Processed By: _____

Permit No. _____ Date/Time Received: _____
Date Time [] AM [] PM

[] Inspection scheduled for date / time requested Date/Time Faxed: _____
Date Time [] AM [] PM

[] Permit NOT issued for following reason: _____