



Town of Mammoth Lakes

437 Old Mammoth Road, Suite R

Mammoth Lakes, CA 93546

Phone: (760) 965-3630 Fax: (760) 934-7493

Permit No. **BP16-00643**

Date: 05/23/2017

Owners: PASTOR OF ST. JOSEPH CHURCH ML
PO BOX 372
MAMMOTH LAKES CA 93546

Applicant: PASTOR OF ST. JOSEPH CHURCH ML
PO BOX 372
MAMMOTH LAKES CA 93546

Contractors: OWNER/BUILDER

Job Site/Condo: 58 Ranch Road
Parcel Number: 040070025000
Sub./Lot: Par. 1
Job Value: 595,021.35
Total Sq. Ft.:
Scope of Work:
new parish
church 3425sf
patio 755sf

0

License No. Exp. Date

LICENSED CONTRACTORS DECLARATION

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

Class: License No.
Date: Contractor:

WORKERS COMPENSATION DECLARATION

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 (\$100,000.00), in addition to the cost of compensation, damages as provided for in section 3706 of the labor code, interest and attorney's fees.

I hereby affirm under penalty of perjury one of the following declarations (must initial one of the following):

- 1. I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No. _____

- 2. I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier:
Policy No.:

- 3. I certify that, in the performance of the work for which this permit is issued, I shall not employ in any manner so as to become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Contractor/Owner/Agent: _____
Date: _____

Fee Description	Fee Amount
Building Permit Fee	19,040.68
Doc Mgmt/Archive - Greater than 11	300.00
SMIP - Commercial	166.61
Building Standards Admin - CA (BSA)	24.00
New Development Fee (MC 15.16.0)	728.00
DIF - Police - Commercial	3,603.60
DIF - Vehicle Cir. - Commercial	2,002.00
DIF - Multi-Modal Cir. - Commercial	10,446.80
DIF - Storm Drn - Commercial	291.20
DIF - Gen Fac & Equip - Commercial	2,293.20
DIF - Fire Dist. - Commercial	10,440.00

TOTAL FEES: \$ 49,336.09

TOTAL PAYMENTS: \$

TOTAL DUE: \$ 49,336.09

I certify that I have read this permit and state that the above information is correct. I agree to comply with all Town and County ordinances and State laws relating to building construction and hereby authorize representatives of the municipality referred to herein, to enter upon the above mentioned property for inspection purposes.

DATE

CONTRACTOR/OWNER/AGENT

5-23-17

DATE

BUILDING OFFICIAL OR AGENT