

**TRINITY COUNTY BUILDING & DEVELOPMENT SERVICES  
ENVIRONMENTAL HEALTH DIVISION**

P O Box 476, 61 Airport Road, Weaverville, CA 96093-0476

Phone: (530) 623-1459

**Owner-Builder Information**

Dear Property Owner:

For your protection, you should be aware that as the 'owner-builder' you are the responsible party of record on such a permit. If your work is being performed by someone other than yourself, you may protect yourself from possible liability if that person applies for the proper permit in his/her name.

Contractors are required by law to be licensed and bonded by the State of California. They are also required by law to put their license number on all permits for which they apply.

If you plan to do your own work, for your benefit and protection, with the exception of various trades that you plan to subcontract, you should be aware of the following information:

1. If you employ or otherwise engage any person(s) other than your immediate family, and the work (including materials and other costs) is \$200.00 or more for the entire project, and such persons are not licensed as contractors or subcontractors, then you may be an employer.
2. If you are an employer, you must register with the state and federal government as an employer and you are subject to several obligations including state and federal income tax withholding, federal social security taxes, workers' compensation insurance, disability insurance costs, and employment compensation contributions.

There may be financial risks for you if you do not carry out these obligations, and these risks are especially serious with respect to workers' compensation insurance.

For more specific information about your obligations under federal law, contact the Internal Revenue Services, and if you wish, the U.S. Small Business Administration. For more specific information about your obligations under state law, contact the Department of Benefit payments and the Division of Industrial Accidents.

For information concerning hiring practices and employer information, call the California Labor Commissioner at (916)225-2654. To verify the contractor's license number, call the California Contractor's License Board at (916)225-2640, or go to [www.cslb.ca.gov](http://www.cslb.ca.gov). For Workers' Compensation insurance information, call the State Compensation Insurance Fund at (916)243-8400.

A frequent practice of unlicensed persons professing to be contractors is to secure an 'Owner-Builder' Sewage Disposal Permit, erroneously implying that the property owner is providing his/her own labor and materials.

Please complete and return the enclosed Owner-Builder Verification form so that we can confirm you are aware of these matters. The Sewage Disposal Permit will not be issued until the verification is received by Environmental Health.

**Please Read and Keep for Your Records**

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**Owner-Builder (Sewage Disposal) Verification**

Please complete the appropriate sections and return this information with your application for a permit. The Sewage Disposal Permit will not be issued until it has been received.

1. I have received a copy of the "Owner-Builder Information Sheet". Yes \_\_\_ No \_\_\_
2. I personally plan to provide the major labor and materials for construction of the proposed property improvement. Yes \_\_\_ No \_\_\_
3. I have \_\_\_\_\_ or have not \_\_\_\_\_ signed an application for a Sewage Disposal Permit for the proposed work.
4. I have contracted with the following person/firm to provide the proposed construction:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ License No.: \_\_\_\_\_

5. I will provide some of the work, but I have contracted/hired the following person(s) to provide the work indicated:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Type of Work</u>

**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, 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 the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

- 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 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 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.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

APN: \_\_\_\_\_ Owner's Name (Print): \_\_\_\_\_