COUNTY OF VENTURA
Division of Building and Safety
“PERMIT BY FAX PROGRAM”

Licensed contractors will be able to fax a permit application for certain projects and receive a permit by return fax.

**Applications will be accepted for:**

1. Replacement of water heaters & plumbing fixtures (i.e., water closets, sinks, etc.)
2. Repair or replacement of gas, water or sewer lines.
3. Installation of lawn sprinkler systems.
4. Replacement of electric services up to and including 200 amp. Minor electrical work (i.e., additional outlets, lights, etc.) for Residential only.
5. Installation or replacement of furnaces or HVAC units in existing dwellings.
6. Reroofing up to 40 squares providing the new installation does not add any significant weight (i.e., NO replacing shakes with tile). Two inspections are required on all reroofing permits.
7. Amendments to existing active permits that do not require additional approvals or additional plan review.

Contractors must have a pre-approved fax service permit application form on file with Building and Safety to participate in this program. The application form must be completed entirely and legibly including all expiration dates and signature(s) to be acceptable.

Permits will be issued on the “Honor System”. Building and Safety will process the application and return fax permits with the amount due. The contractor will then mail a check for the fees, made payable to the “County of Ventura” along with a copy of the permit, and a stamped, self-addressed envelope, to Building and Safety. **The permit fees must be received within 5 days and before an inspection will be done.** The “One Strike Rule” will be in effect. Contractors failing to pay the necessary fees will lose the privilege of fax permitting.

Building and Safety will attempt to have the permit returned via fax within 3 to 4 hours provided the request is received during work hours and in sufficient time to complete the transaction before the end of the work day.

Please remember, **an application for a permit is not a permit!!!** The application will be valid only when the applicant has received the permit.

Instead of inspection record cards being issued, the inspector will leave a “Correction or Acceptance Notice” on the job site.

**Ventura Office Permit by FAX (805) 648-9212**

**East County Permit by FAX (805) 582-8085**
COUNTY OF VENTURA  
Division of Building and Safety  
FAX SERVICE PERMIT  
APPLICATION and AUTHORIZATION

Contractor Information:

Co. Name________________________________ License #____________________ Lic. Class’________________

Expiration Date: _______________________

Address________________________________________________________________________________________
(Street /P.O. Box)                                                                          (City)                                                                    (State)                               (Zip)

Telephone # __________________________________________     FAX # ____________________________________

Worker’s Compensation Information:

Insurance Company____________________________________________________

Policy Number________________________________________________ Expiration date___________________

The undersigned give the County of Ventura, Division of Building and Safety permission to accept a facsimile of my signature on a faxed permit application in lieu of my in-person signature at your office. I hereby certify that I will comply with any and all declarations and agreements on the faxed permit application that bears my signature.

The following employee(s) have my permission to obtain permits in the name of my company:

Print Name(s)                     Signature(s)

______________________________________ ______________________________________

______________________________________ ______________________________________

______________________________________ ______________________________________

Contractor’s Name (Print) _____________________________________________________________

Contractor’s Signature ___________________________________________ Dated ___________________

Ventura Office: 800 S. Victoria Avenue Ventura, California 93009  
Te le (805) 654-2771
Permit by FAX............................(805) 648-9212

East County Office: 3855-F Alamo Street Simi Valley, California 93065  
Te le (805) 582-8064
Permit by FAX............................(805) 582-8085
### INSPECTION REQUEST CODES

<table>
<thead>
<tr>
<th>Building Permit</th>
<th>Plumbing Permit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation/footing FDN</td>
<td>Underground soil UGS</td>
</tr>
<tr>
<td>Slab SLB</td>
<td>Underground water UGW</td>
</tr>
<tr>
<td>Grout GRT</td>
<td>Underground gas UGG</td>
</tr>
<tr>
<td>Floor framing FFR</td>
<td>Rough/topout RTO</td>
</tr>
<tr>
<td>Roof frame/nail RFN</td>
<td>Sewer line SEW</td>
</tr>
<tr>
<td>Prewrap RW</td>
<td>Gas test GAS</td>
</tr>
<tr>
<td>Framing FRM</td>
<td>Water heater WHT</td>
</tr>
<tr>
<td>Insulation INS</td>
<td>Final FNP</td>
</tr>
<tr>
<td>Lath &amp; drywall L&amp;D</td>
<td>Electrical Permit</td>
</tr>
<tr>
<td>Final FNL</td>
<td>Underground conduit UGC</td>
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<tr>
<td></td>
<td>Conduit CON</td>
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<tr>
<td></td>
<td>Rough ROE</td>
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<tr>
<td></td>
<td>Service upgrade SUG</td>
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<tr>
<td></td>
<td>Temporary pole TMP</td>
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<tr>
<td></td>
<td>Final FNE</td>
</tr>
<tr>
<td>Swimming Pool Permit</td>
<td></td>
</tr>
<tr>
<td>Pregunite PRG</td>
<td></td>
</tr>
<tr>
<td>Underground gas/electric UGE</td>
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<td>Predeck PRD</td>
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<tr>
<td>Preplaster PPL</td>
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</tr>
<tr>
<td>Final FSP</td>
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</tr>
</tbody>
</table>
## COUNTY OF VENTURA
### FAX PERMIT APPLICATION

### LEGAL DECLARATIONS

#### LICENSED CONTRACTOR DECLARATION
I hereby affirm 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.

License No.__________________________ Class___________
Contractor__________________________ Date___________

#### WORKERS’ COMPENSATION DECLARATION
I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers’ Compensation Insurance, or a Certified copy thereof (Sec 3800 Lab. C)

Company ________________________________________
Policy No._______________________________________

Certified copy is hereby furnished.

Applicant__________________________ Date___________

#### CERTIFICATE OF EXEMPTION FROM WORKERS’ COMPENSATION INSURANCE
(This section need not be completed if the permit is for $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 the Workers’ Compensation Laws of California.

Applicant__________________________ Date___________

Notice to applicant: If after making this Certificate of Exemption, you should become subject to the Workers’ Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

__________________________ Signature of Contractor or Authorized Agent

### PERMIT APPLICATION

#### SITE INFORMATION

<table>
<thead>
<tr>
<th>Project Address</th>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Owner</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

#### BUILDING PERMIT INFORMATION

##### PLUMBING PERMIT

Waterclosets:____ Sinks:____ Bath/Shower:____
Washer: ___ Dish Washer: ___ Total Fixtures: ___
Gas Pipe/Outlets: ____ Water heater: ______
Water Piping: ____ Sewer Line: ___ Resi. Sprinklers: ___
Other/Explain: ________________________________

##### MECHANICAL PERMIT

FAU (btu’s): _______ A/C Unit (ton’s): _______
Wall Heater (size): ___ Solar System: _______
Ducts (number): _____ Exhaust Fans: _______
Other (Describe): ____________________________

##### ELECTRICAL PERMIT

Service upgrade (size): ______ SubPanel (size): ______
Lights: ___ SW: ___ Outlets: ___ Total (Number): ___
Motors (HP & Type): __________________________
Other (Describe): ____________________________

##### REROOF PERMIT

Roof Pitch: ____ Existing Roof (Type): _______
No of Squares: ____ Reroof (Type): _______
Remove Existing: ____ Y __ N  Resheath: w/__________

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