

# County of Santa Clara

Roads and Airports Department  
Planning Office

County Government Center, East Wing, 7th Floor  
70 West Hedding Street  
San Jose, California 95110-1705  
(408) 299-5780 FAX 947-1165



## WORKERS' COMPENSATION ACKNOWLEDGEMENT

(Owner's Form)

I, the undersigned, Certify that I am familiar with California Labor Code, section 3800, covering the Certificate of Insurance or a consent to self-insure for workers' compensation insurance as a condition to the issuance of a permit by the County.

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 conflict with the workers' compensation laws of California.

Dated: \_\_\_\_\_

Owner's Signature \_\_\_\_\_

If applicable, reference your Plan Check and/or Land Development File Number.

Plan Check Number: \_\_\_\_\_

Land Development  
File Number: \_\_\_\_\_

9/29/00