

BUILDING PERMIT APPLICATION

- () Residential
() Commercial

Permit # _____
Plan # _____

Please see the reverse side for instructions about how to complete this form.

1. Job Address _____
Assessor's Parcel No. (APN) if known _____

Zoning Code _____
2. Property Owner: _____ Phone: _____

Mailing Address: _____
3. Occupants Name: _____
4. Project Description: _____

5. Permit Type: [] Building [] Mechanical [] Electrical [] Plumbing
[] Sign [] Demolition [] Manufactured Home
6. Project Valuation \$: _____
7. UBC/ICC Group: _____ UBC/ICC Type: _____
8. ** Project Manager's Name _____ Phone #: _____
Mailing Address: _____ Cell#: _____

Email Address: _____
9. Contractor's Name: _____ Phone #: _____
Project Manager's Name * _____ Phone #: _____
State License #: _____ Class: _____ Exp. Date: _____
10. Architect/Engineer Name: _____ Phone #: _____
Mailing Address: _____
State License #: _____ Class: _____ Exp. Date: _____
11. **Applicant's Signature: _____ Date: _____

**** The Project Manager and Applicant should be the same person.**