



Building Permit Application

APPLICATION #: _____

DATE: _____

PROJECT ADDRESS: _____

PROPERTY OWNER

NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

RESPONSIBLE PARTY DURING PLAN CHECK

Architect Engineer Designer Permit Runner/Agent

NAME: _____ PHONE: _____

EMAIL: _____

CONTRACTOR

Name of Business: _____

ADDRESS: _____ CA LIC. #: _____

CITY/STATE/ZIP: _____

CONTACT (name/phone #): _____

EMAIL: _____

PROJECT INFORMATION DESCRIPTION

Check all boxes that apply:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> NEW STRUCTURE | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> REMODEL | <input type="checkbox"/> ADDITION |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> SIGNS |

Scope of Work:

Valuation: \$ _____ **Square Footage** (Exist) _____ (New) _____