

CITY OF FOWLER



APPLICATION FOR BUILDING PERMIT

DATE _____

TYPE OF PERMIT: — BUILDING — ELECTRICAL — MECHANICAL
— PLUMBING — OTHER — FENCE

SITE ADDRESS _____

PROPERTY OWNER

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE, WORK: _____ HOME: _____

DETAILED DESCRIPTION OF WORK _____

VALUATION: \$ _____ SQ. FOOTAGE: H _____ G _____ P _____

(SMOKE DETECTORS ARE REQUIRED IN SPECIFIED LOCATIONS OF ALL RESIDENCES IF VALUATION EXCEEDS \$1,000 - EXCLUDING RE-ROOFS)

APPLICANT'S SIGNATURE: _____

CONTRACTOR INFORMATION:

NAME: _____ PHONE, WORK: _____

ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR'S LICENSE # _____ EXP. DATE _____

CONTACT PERSON _____ PHONE # _____

FOR BUILDING DEPARTMENT USE ONLY

ZONING _____ OCCUPANCY _____ OCC CODE _____ MANUAL VAL Y/N

INVESTIGATION Y/N UNIT FEES Y/N PLUMBING _____ SPECIAL FEES Y/N

PLAN CHK Y/N DEVEL. IMP Y/N ELECTRICAL _____ PUB WRKS Y/N