



APPLICATION FOR BUILDING PERMIT

DATE: _____

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

SITE ADDRESS: _____

A.P.N. #: _____

APPLICANT

NAME: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE: _____

PHONE: _____

Please provide email: _____

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)

DEPOSIT: \$ _____

APPLICANT'S SIGNATURE: _____

CONTRACTOR INFORMATION

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CONTRACTOR LICENSE #: _____

EXPIRATION DATE: _____

CONTACT PERSON: _____

PHONE: _____

FOR BUILDING DEPARTMENT USE ONLY

ZONING _____	OCCUPANCY _____	OCC CODE _____	MANUAL VAL <u>Y/N</u>
INVESTIGATION <u>Y/N</u>	UNIT FEES <u>Y/N</u>	PLUMBING _____	SPECIAL FEES <u>Y/N</u>
PLAN CHK <u>Y/N</u>	DEVEL. IMP <u>Y/N</u>	ELECTRICAL _____	PUB WRKS <u>Y/N</u>

SUBMIT PERMIT APPLICATION WITH APPROPRIATE PLANS VIA EMAIL TO: szavala@ci.fowler.ca.us