



APPLICATION FOR BUILDING PERMIT

DATE: _____

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

SITE ADDRESS: _____ A.P.N. #: _____

APPLICANT

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

Please provide email: _____

DETAILED DESCRIPTION OF WORK:

JOB VALUATION: \$ _____ SQ. FOOTAGE: House _____ Garage _____ Porch/Patio _____
(Materials/Labor)

(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: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO CONTACT THE SELMA-KINGSBURG-FOWLER COUNTY SANITATION DISTRICT AT (559) 897-6500 FOR ANY SEWER IMPROVEMENTS.

FOR BUILDING DEPARTMENT USE ONLY

PERMIT # _____	PLAN CHECK Y / N _____	PAYMENT REQUESTED _____	UNIT FEES Y / N _____
PLANNER REVIEW Y / N _____	REVIEWER _____	SIGNATURE REQUESTED _____	DEVEL. IMP Y / N _____
APPROVED Y / N _____	DATE SUBMITTED _____		MANUAL VAL Y / N _____
DATE _____	APPROVED Y / N _____		SPECIAL FEES Y / N _____
			PUB WRKS Y / N _____

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