Building Permit Application

Project Address:_____ Residential _____ Commercial _____

Complete Project Description:_____

HVAC – Check all that apply	Water Heater	Reroof:
□ Package Unit	□ Gas □ Electric	Number of roof sq._____
□ Cut-In – New (Roof Plan Required)		Tear Off: □ Yes □ No
□ Cut-In – Change Out		Sheathing: □ Yes □ No
□ Roof Mount – New (Roof Plan Required)		
□ Roof Mount Change Out		
□ Split System		

Email Address For Contacting Purposes: _____

Valuation/Contract Cost: $_____

Contact Person's Name:_____ Contact's Preferred Phone:_____

Owner's/Lessee's Name(s):_____

Owner's (Home) Phone:_____ Other Phone (*if desired*):_____

Owner's Address (*if different*):_____

City:_____ State:_____ Zip:_____

➔ **Homeowners**: **stop here and sign below**, unless submitting for a plan check that will be picked up by a contractor ⬅

CSLB License: Number_____ Class(es)_____ Expiration Date_____

Contractor's Name (*as shown on CSLB License*):_____

Contractor's Office Phone:_____ Other Phone (*if desired*):_____

Contractor's Address:_____City:_____State:CA Zip:_____

Worker's Compensation: Carrier Name_____ Policy #_____

Architect's License Number:_____ Exp Date: _____

Architect's Name:_____

Architect's Office Phone:_____ Architect's Fax:_____

Architect's Address:_____City:_____State: ____ Zip:_____

Engineer's License Number:_____ Exp Date: _____

Engineer's Name:_____

Engineer's Office Phone:_____ Engineer's Fax:_____

Engineer's Address:_____City:_____State:____ Zip:_____

My signature verifies that the above information is factual and true.

Applicant/Agent Signature_____ Date:_____