Print Form

PLANNING & DEVELOPMENT SERVICES
BUILDING DIVISION

850 S. MADERA AVENUE
(559) 846-6121 Fax (559) 846-9348

APPLICATION FOR BUILDING PERMIT

DATE: _____

TYPE OF PERMIT

____**BUILDING** _____ **ELECTRICAL** _____ **MECHANICAL** _____ **PLUMBING** _____ **FENCE**

_____ **FIRE** _____ **POOL** _____ **DEMO** _____ **GRADING** _____ **SIGN** _____ **OTHER**

SITE ADDRESS_____

OWNER'S NAME_____**HOME PHONE #**_____

ADDRESS_____**WORK PHONE#**_____

CITY/STATE/ZIP_____**FAX #**_____

SCOPE OF WORK_____

_____

VALUATION $_____ **APPLICANT'S SIGNATURE**_____

AREA: LOT_____FRONTAGE_____BUILDING_____ PATIO_____GARAGE_____

OF BEDROOMS: _____ # OF GARAGES: _____

DESIGNER_____ **PH#**_____**FAX#**_____

ADDRESS_____

LICENSE #_____ **EXP.DATE**_____

CONTRACTOR_____ **PH#**_____**FAX#**_____

ADDRESS_____

LICENSE #_____ **EXP.DATE**_____

FOR OFFICIAL USE ONLY

ZONING_____ **OCCUPANCY**_____ **OCC LOAD**_____ **APN:** _____

Type of Construction_____

PLAN CHECK ☐ **Y/N** ☐ **IMPACT FEES** ☐ **Y/N** ☐ **SCHOOL FEES** ☐ **Y/N** ☐ **CUP RQD** ☐ **Y/N** ☐

SPR RQD ☐ **Y/N** ☐ **STANDARD PLAN** ☐ **Y/N** ☐ **CODE ENF** ☐ **Y/N** ☐

PERMIT # _____ **APPROVAL DATE:** _____

FILE #_____

BUILDING _____ **PLANNING** _____ **PUBLIC WORKS** _____ **INTIALS** _____

SENT TO PLAN CHECK _____

PLAN CHECK COMPANY_____ **PLAN CHECK #**_____

CONFIRMATION #:_____ **CALIF. OVERNIGHT TAG #:**_____

PERMIT AMOUNT_____ **PLAN CHECK AMOUNT**_____

Revised 10.3.2013