



PERMIT # _____

APPLICANT INFORMATION

(point of contact throughout the plan review process)

NAME: _____ COMPANY: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____
SIGNATURE: _____ DATE: _____

Active Code Enforcement Case - Is there an active code enforcement violation case on this site? No Yes

DISCRETIONARY ACTION # _____
(IF APPLICABLE - TSM, SDP, CUP, CE, ETC.)

PROJECT INFORMATION

ADDRESS: _____ PARCEL # (APN): _____
DESCRIPTION: _____
(Include square footage, # of PV panels, roof squares, etc.)
VALUATION: \$ _____

PROPERTY OWNER INFORMATION

NAME: _____ COMPANY: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____

CONTRACTOR INFORMATION

NAME: _____ COMPANY: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____
CA STATE LICENSE: _____ EXPIRATION: _____
CITY BUSINESS #: _____ EXPIRATION: _____

DESIGNER, ARCHITECT, ENGINEER (IF NOT LISTED ABOVE)

NAME: _____ COMPANY: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ EMAIL: _____
LICENSE NUMBER: _____ EXPIRATION: _____