PERMIT			Р	ermit	#	Supplement #					
CALFORNIA				OB ADD	RESS_	Valuation \$					
APPLICATION			V Tr	Tract		LotAPN					
Who do you want us to contact with Plan Check results?						Property Owner Name		Phone #			
Name						Address	City/St/Zip				
						Email address					
Email Address						Architect/Designer Name					
Single Family Residence Accessory/Detached Bldg					ached Bldg	Address City/St/Zip					
Multi Family Res # of Units				Mobile Home PhotoVoltaic System		Phone #	Fax #	State Lic#			
☐ Mixed Use Bldg ☐ Pool/Spa					rstem	Email address					
Retail Units # Residential Units #						Engineer Name					
Square Building Garage Patio Deck Porch					Porch	Address City/St/Zip					
Feet	Dulluling	Carago	Cover	Dook	Toron	Phone #	Fax #	State Lic#			
Existing						Email address					
New Bldg.						Tenant Name			1st Submittal		
Addition						Tenants may NOT pull buildin					
Demo						Unit/Suite #	Phone #		Date due		
Remodel Repair			-			Email address					
Reconstruct			+	1		Contractor Name			2nd Submittal		
Tenant Impr.			1			Address	City/St/Zip				
						Phone #	State Lic #	Classification	Date due		
# of Units Stories (E) # Stories (New) #						Email address					
Existing Sprinklers? Y N New Sprinklers? Y N						DESCRIPTION OF WORK			3rd Submittal		
Fireplaces (E) # (New) # Skylights (E) # (New) #											
OCFA SR # (if applicable)									Date due		
									4th Submittal		
SIGNATURE											
Date									Date due		

Engineer

Tenant

Contractor/Agent

Owner/Agent

Architect/Designer