

IV. IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

	NAME	MAILING ADDRESS NO., STREET, CITY & STATE	ZIP CODE	PHONE NO.
1. Owner or Lessee				
2. Contractor			License/HIC No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application date
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DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For office use by Code Enforcement Officer

VI. REMARKS:

PERMITS ARE GOOD FOR SIX (6) MONTHS FROM DATE OF ISSUE. IT IS THE APPLICANT’S RESPONSIBILITY TO SCHEDULE INSPECTIONS AND NOTIFY THE CODE ENFORCEMENT OFFICER WHEN WORK IS COMPLETE.

VII. VALIDATION	RECAP OF COSTS
Building Permit Number _____	Permit Fee \$ _____
Building Permit Issued _____	Plan Review \$ _____
Building Permit Fee \$ _____	Electrical \$ _____
Approved by: _____	Administrative Fee \$ _____
Code Enforcement Officer	State Permit Fee \$ _____
	Total Due \$ _____
	Ck. # _____ Cash _____ Date Rec’d. _____