

APPLICATION FOR PERMIT/PLAN CHECK

A.P.N. _____

Owner's Name _____ Phone No. (____) _____

Owner's Address _____ City _____ Zip _____

Applicant's Name _____ Phone No. (____) _____

Applicant's Address _____ City _____ Zip _____

Contractor's Name _____

Contact Person _____ Phone No.(____) _____

Contractor's Address _____ City _____

Zip _____ State License No. _____ Classification _____

Project Address _____

Project Description _____

Project Valuation \$ _____

Architect or Engineer's Name _____

Architect's/Engineer's Address _____

City _____ Zip _____ Phone No. (____) _____

By submitting for the plan check process, I agree that I am responsible for all Plan Check Fees.

Applicant's Signature _____ Date _____

Received by _____ Time _____

PUBLIC WORKS DEPARTMENT

Building Division Engineering Division

(559)782-7480 (559)782-7520

291 N. Main Street, Porterville, CA 93257 Fax (559)791-7830