BUILDING PERMIT APPLICATION

COUNTY OF FRESNO / DEPARTMENT OF PUBLIC WORKS AND PLANNING
DEVELOPMENT SERVICES AND CAPITAL PROJECTS DIVISION
2220 TULARE STREET, SUITE A / FRESNO, CA 93721
PHONE: (559) 600-4540 / 24 HOUR INSPECTION REQUEST LINE: (559) 600-4131

THE APPLICATION MUST BE COMPLETELY FILLED OUT BY THE APPLICANT IN ORDER TO APPLY FOR BUILDING PERMITS.			
Scope of Work:			
Project Address:			
Project Valuation:		Contact E-mail:	
OWNER NAME AND ADDRESS		**APPLICANT NAME AND ADDRESS**	
Name:		Name:	
Address:		**Address:**	
City:	State:	City:	State:
ZIP:	Ph#( )	ZIP:	Ph#( )
CONTRACTOR INFORMATION		Ph#( )	
Lic. No:	Company Name:		
Address:		City:	St: ZIP:
DESIGNER INFORMATION		Ph#( )	
Lic. No:	Company Name:		
Address:		City:	St: ZIP:
LENDING AGENCY		Ph#( )	
Company Name:			
Address:		City:	St: ZIP:
Permit will be issued to an "Owner-Builder" Yes ☐ No ☐ If yes, a completed Owner-Builder Verification Form must be signed and submitted along with copy of the owner's identification prior to issuance of the building permit.		OFFICIAL USE ONLY Identification Number:	

DECLARATION BY CONSTRUCTION PERMIT APPLICANT

By my signature below, I certify to one of the following:

I am ☐ a California licensed contractor or ☐ the property owner or ☐ authorized to act on the property owner's behalf (requires written approval and Owner/Builder Verification Form signed and submitted).

I have read this construction permit application and certify the information I have provided is correct. I also agree to comply with all applicable county ordinances and state laws which govern this project. During the course of construction I will also takes steps to preserve all survey monuments. In addition, I authorize representatives of this county to enter the above-identified property for inspection purposes.

Applicant's Signature_____ Date_____