

CITY OF YUCAIPA – PERMIT / PLAN REVIEW APPLICATION

JOB ADDRESS:

APN#	TRACT#	LOT#	CENSUS#
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APPLICANT'S NAME:

ADDRESS:	CITY:	ZIP CODE:
PHONE NUMBER:		

PROPERTY OWNER'S NAME:

ADDRESS:	CITY:	ZIP CODE:
PHONE NUMBER:		
NAME OF BUSINESS TO OCCUPY BUILDING/SPACE:		

ARCH./ENGINEER:

ADDRESS:	CITY:	ZIP CODE:
LICENSE NUMBER:	PHONE NUMBER:	

CONTRACTOR'S NAME:

ADDRESS:	CITY:	ZIP CODE:
CONT. LICENSE CLASS / NUMBER:	EXP. DATE:	

WRITTEN DESCRIPTION OF WORK:	SQUARE FOOTAGE:		
OCCUPANCY:	OCCUPANT LOAD:	TYPE OF CONSTRUCTION:	SPRINKLERED? YES / NO
VALUATION OF JOB: \$			

NOTE: CLASS "A" ROOFING IS *REQUIRED* ON ALL ROOFS. SPECIFY MFG. AND ICC ES NUMBER FOR ALL ROOFING MATERIALS AND SKYLIGHTS.

I will ensure that items requiring inspections will not be covered without inspection and approval by CITY BUILDING INSPECTOR. I also understand that permit will **EXPIRE** if inspections are not scheduled every 180 days.

SIGNATURE OF APPLICANT OR AGENT: _____

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Plan Check		Plumbing	
Inspection		Electrical	
Issuance		Mechanical	
Microfilm		SMIP	
General Plan Maintenance		Bonds Pool / Sign	
Planning		Other:	

APPROVED TO SUBMIT PER PLANNING: _____