



BUILDING PERMIT CLEARANCE

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Revised: 11/17/05

OWNER'S NAME: _____ DATE _____

JOB ADDRESS: _____ PHONE _____

APN _____ LOT _____ TRACT _____ REF _____ ZONE _____

TYPE OF PROJECT _____

OWNER/BUILDER? YES NO ASSOC. APPROVAL REQ.? YES NO

LOT COVERAGE	
HOUSE	_____
GARAGE	_____
ADDITION	_____
PATIOS	_____
OTHER	_____
TOTAL /	_____
LOT SIZE	_____
Coverage Percentage	% _____

CONTRACTOR : _____

ADDRESS: _____

STATE CONT LIC # _____ EXPIRES: _____

TYPE OF LICENSE _____ PHONE# _____

WORKMANS COMP INSUR. _____

ADDRESS: _____

WORKMANS COMP INSUR# _____

EXPIRATION DATE: _____

Community Development Department

This project cleared for PLAN CHECK only: _____ Date: _____

Remarks: _____

This project cleared for Permit issuance: _____ **Date:** _____

Remarks: _____

Public Works Department

This project cleared for PLAN CHECK only: _____ Date: _____

Remarks: _____

This project cleared for Permit issuance: _____ **Date:** _____

Remarks: _____

FIRE Department

Plans have been submitted : _____ Date: _____

This project cleared for Permit issuance: _____ **Date:** _____

Remarks: _____