



MIKE LARA
DIRECTOR

**COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING AND SAFETY**

PERMIT APPLICATION

Permit #					Date				
Jobsite Address								Space #	
City			State CA	Zip Code		Assessors Parcel Number			
Property Owner's Last Name, First Name					Phone Number				
Permit Use:									
APPLICANT INFORMATION									
<i>Note: As the applicant you will be financially responsible for <u>ALL</u> supplemental billings, fees and refunds for any and all permits per Ordinance 457. Any changes in applicant information must be made in writing by the original applicant to the Building Department.</i>									
Applicants Last Name:					First				
Mailing Address					City		State	Zip Code	
Phone Number ()		Fax Number			Email (optional)				
Check one: <input type="checkbox"/> OWNER BUILDER <input type="checkbox"/> CONTRACTOR									
Contractor -Name					Type	License #			
Mailing Address					City		State	Zip Code	
Phone Number ()		Fax Number			Email (optional)				
Architect or Engineer					Type		License#		
Mailing Address			City				State	Zip Code	
Phone Number: ()			Fax Number			Email (optional)			
FOR OFFICE USE ONLY									
Planning Case #					Parcel/Tract Map #				
Legal Zone		SP/PA	Lot Size		FSB	Lf SB	Rt SB	R SB	SEPTIC/SEWER
High Fire – Y/N	Flood– Y/N		Thomas Guide		Assoc Permits				

SITE PLAN

SITE ADDRESS _____

ASSESSORS PARCEL NUMBER _____

Provide North Arrow

REAR PROPERTY LINE

S
I
D
E

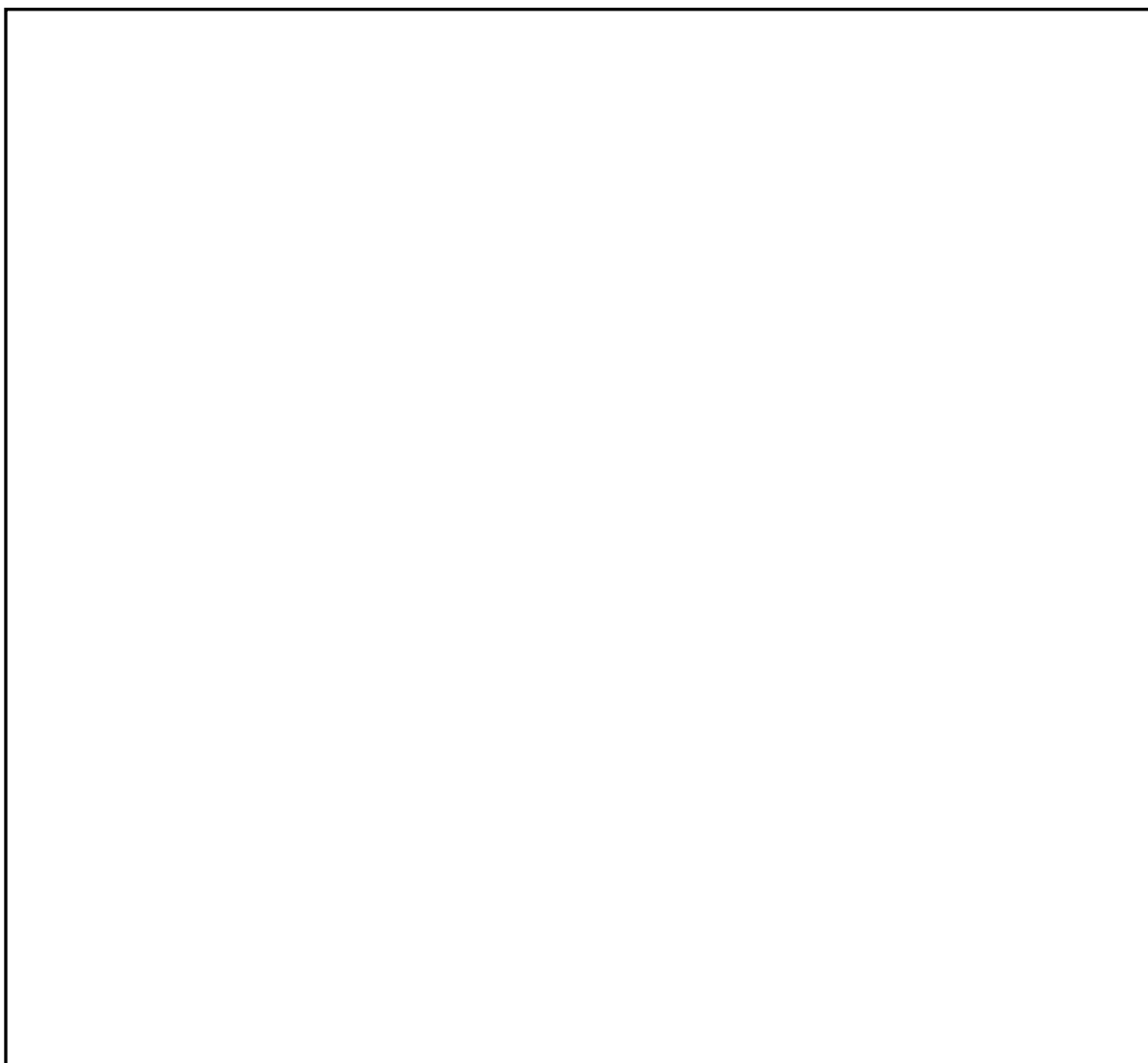
P
R
O
P
E
R
T
Y

L
I
N
E

S
I
D
E

P
R
O
P
E
R
T
Y

L
I
N
E



FRONT PROPERTY LINE