

BUILDING PERMIT APPLICATION

CITY OF HANFORD CALIFORNIA

| | | | |
|--|--------------------|--|--------|
| DATE: _____ | | PERMIT NO: _____ | |
| 317 N Douty St, Hanford CA 93230 | | Phone: (559)585-2581 | |
| | | (To be assigned by Building Division) www.cityofhanfordca.com | |
| PROJECT INFORMATION | | NOTE: A Plan Check Deposit will be required at the time this application is submitted. The deposit will be credited to the actual permit fee. | |
| SITE ADDRESS | | | |
| TYPE OF PROJECT | | | |
| ASSESSORS PARCEL NO. | | VALUATION: | |
| BLDG AREA: (SF) | OCCUPANCY TYPE: | UNDERGROUND FIRE LINE: (LF) | |
| GARAGE AREA: (SF) | CONSTRUCTION TYPE: | | |
| <u>APPLICANT INFORMATION</u> | | | |
| NAME | | PHONE | |
| ADDRESS | | CELL PH. | |
| CITY | STATE | ZIP | FAX |
| CONTACT | | E-MAIL | |
| **** APPLICANT SIGNATURE | | | |
| <u>PROPERTY OWNER INFORMATION</u> | | | |
| NAME | | PHONE | |
| ADDRESS | | CELL PH. | |
| CITY | STATE | ZIP | FAX |
| CONTACT | | E-MAIL | |
| <u>CONTRACTOR INFORMATION</u> | | | |
| NAME | | PHONE | |
| ADDRESS | | CELL PH. | |
| CITY | STATE | ZIP | FAX |
| CONTACT | | E-MAIL | |
| CONTRACTOR LICENSE NO. | | CLASS | EXPIRE |
| CITY BUSINESS LICENSE NO. | | EXPIRE | |
| <u>ARCHITECT INFORMATION</u> | | | |
| NAME | | PHONE | |
| ADDRESS | | CELL PH. | |
| CITY | STATE | ZIP | FAX |
| CONTACT | | E-MAIL | |
| <u>DESIGNER INFORMATION</u> | | | |
| NAME | | PHONE | |
| ADDRESS | | CELL PH. | |
| CITY | STATE | ZIP | FAX |
| CONTACT | | E-MAIL | |
| <u>ENGINEER INFORMATION</u> | | | |
| NAME | | PHONE | |
| ADDRESS | | CELL PH. | |
| CITY | STATE | ZIP | FAX |
| CONTACT | | E-MAIL | |