



**CITY of AVENAL
BUILDING PERMIT APPLICATION**

919 Skyline Blvd.
Avenal, CA 93204
(559) 386-5766

Date of Application:
Building Permit Number:
Valuation (including labor & materials):

This permit is to be issued in the name of the __ Licensed Contractor or __ the Property Owner as the permit holder of record who will be responsible and liable for the construction.

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- | | | |
|------------|------------------|---------------------|
| BUILDING | NEW RESIDENTIAL | RESIDENTIAL REMODEL |
| ELECTRICAL | NEW COMMERCIAL | COMMERCIAL REMODEL |
| PLUMBING | NEWPOOL | FENCE |
| MECHANICAL | NEW SIGN | RE-ROOF |
| DEMOLITION | ENCLOSURE GARAGE | Other |

***REQUIRED INFORMATION - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

*Project Address	*CONTACT INFORMATION: Fax #: Name: Phone #: (Person we will contact with fees or questions)		
* Property Owner			
Owner's Phone#	Assessor's Parcel Number:		
*Property Owner's Mailing Address	Block	Lot	Subdivision
*Prime Contractor	*Phone #	*Business License#	
Contractor Address:			*State License#
Architect/Engineer:	Phone#	State License #	
Architect/Engineer Address			
*DETAILED DESCRIPTION OF WORK			
EXPIRATION OF PLAN REVIEW: APPLICATIONS FOR WHICH NO PERMIT IS ISSUED WITHIN 180 DAYS FOLLOWING THE DATE OF APPLICATION SHALL EXPIRE BY LIMITATION, AND PLANS AND OTHER DATA SUBMITTED FOR REVIEW MAY THEREAFTER BE RETURNED TO THE APPLICANT OR DESTROYED. REQUESTS FOR A 180 DAY PLAN CHECK EXTENSION MUST BE MADE IN WRITING TO THE BUILDING OFFICIAL PRIOR TO THE EXPIRATION DATE.			
Applicants Signature:			
OFFICE USE ONLY			
APPROVALS REQUIRED:	NOTES		
	Planning		
	Engineering/Public Works		
	Fire Department		
	School Fees		
	Health Dept.		
	APCD		