APPLICATION FOR BUILDING PERMIT

COUNTY OF MENDOCINO
BUILDING INSPECTION DIVISION

501 LOW GAP ROAD, Room 1440 · UKIAH, CA 95482
PHONE (707) 463-4281
790 SOUTH FRANKLIN · FORT BRAGG, CA 95437
PHONE (707) 964-5379

APPLICATION NUMBER_____ ACCEPTED BY_____ DATE_____

TO BE COMPLETED BY APPLICANT

PROJECT STREET ADDRESS:

CITY | STATE: | ZIP CODE:

OWNER'S NAME:

MAILING ADDRESS:

CITY: | STATE: | ZIP CODE:

TELEPHONE NUMBER:

CONTRACTOR'S NAME:

MAILING ADDRESS:

CITY: | STATE: | ZIP CODE:

TELEPHONE NUMBER:

LICENSE NUMBER: | TYPE OF LICENSE:

DESIGNER'S NAME:

MAILING ADDRESS:

CITY: | STAT | CODE:

TELEPHONE N

CONTACT I

MAILING

CITY: | DE:

TELEPHON

LENDING AGENC

DESCRIPTION OF PROJECT:

ASSESSOR'S PARCEL NUMBER:

PARCEL SIZE:_____ AC/SQ. FT.
UNDER 1 ACRE : ☐ YES ☐ NO

CHECK APPROPRIATE BOXES:

☐ NEW ☐ ADDITION ☐ ALTERATION/REPAIR ☐ DEMOLISH
☐ COMMERCIAL ☐ INDUSTRIAL ☐ SINGLE FAMILY ☐ DUPLEX
☐ MULTIFAMILY ☐ ACCESSORY BUILDING ☐ CLASS K ☐ GRADING
☐ MOBILEHOME ☐ MH/FOUNDATION ☐ OCCUPANCY CHANGE
☐ AG EXEMPT OTHER_____(Please Specify)

IF MOBILE HOME, STATE: | YEAR

MAKE:

SIZE (LENGTH A

ENSE NUM | NUMBE

NTIFY W | SEPT | DISTR

AL N | S:

POS

C | S

NY | ILDIN | E? IF SO, PLEASE DESCR

DIRE | D NEA | INTERSECTION:

LIST ADJACENT PROPERTIES OR PROJECTS UNDER YOUR OWNERSHIP:

THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I HAVE 6 MONTHS FROM THE DATE OF SUBMISSION TO OBTAIN A BUILDING PERMIT. AFTER 6 MONTHS THE APPLICATION WILL BE CANCELLED AND THE APPLICANT WILL BE RESPONSIBLE FOR PAYING ANY PLANCHECK FEE. PLANS LEFT WITH THE BUILDING DEPARTMENT IN EXCESS OF 1 YEAR ARE DESTROYED.

SIGNATURE:_____

DATE:

FOR OFFICE USE ONLY

CDF# | VIOLAT

AGENCY	RE	CONDITIONAL APP. (Y/N)	DATE
ENVIRONMENTAL HEALTH			
LUTION			
STRICT			
DEPT. PLANCHECK			
IDE PLANCHECK			
NNING DEPT.			

ING: | PARCEL SIZE:

E OF STRUCTURE OR I

ELATE

CKS: | FRONT: | SIDE: | REAR:

DENIED/HELD:

OTHER INFORMATION:

URBAN/RURAL (CZ): | MARKET AREA (CZ):

SUPERVISORS DISTRICT:

FIRE DISTRICT:

SCHOOL DISTRICT:

PLANCHECK FEE PAID: $_____

RECEIPT #:_____

SAMPLE