



MIKE LARA  
DIRECTOR

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

**PERMIT APPLICATION**

<b>Permit #</b>					<b>Date</b>				
Jobsite Address								Space #	
City			State <b>CA</b>	Zip Code		Assessors Parcel Number			
Property Owner's Last Name, First Name						Phone Number			
Permit Use:									
<b>APPLICANT INFORMATION</b>									
<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)				
<b>Check one:            <input type="checkbox"/> OWNER BUILDER            <input type="checkbox"/> CONTRACTOR</b>									
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)				
<b>FOR OFFICE USE ONLY</b>									
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 \_\_\_\_\_

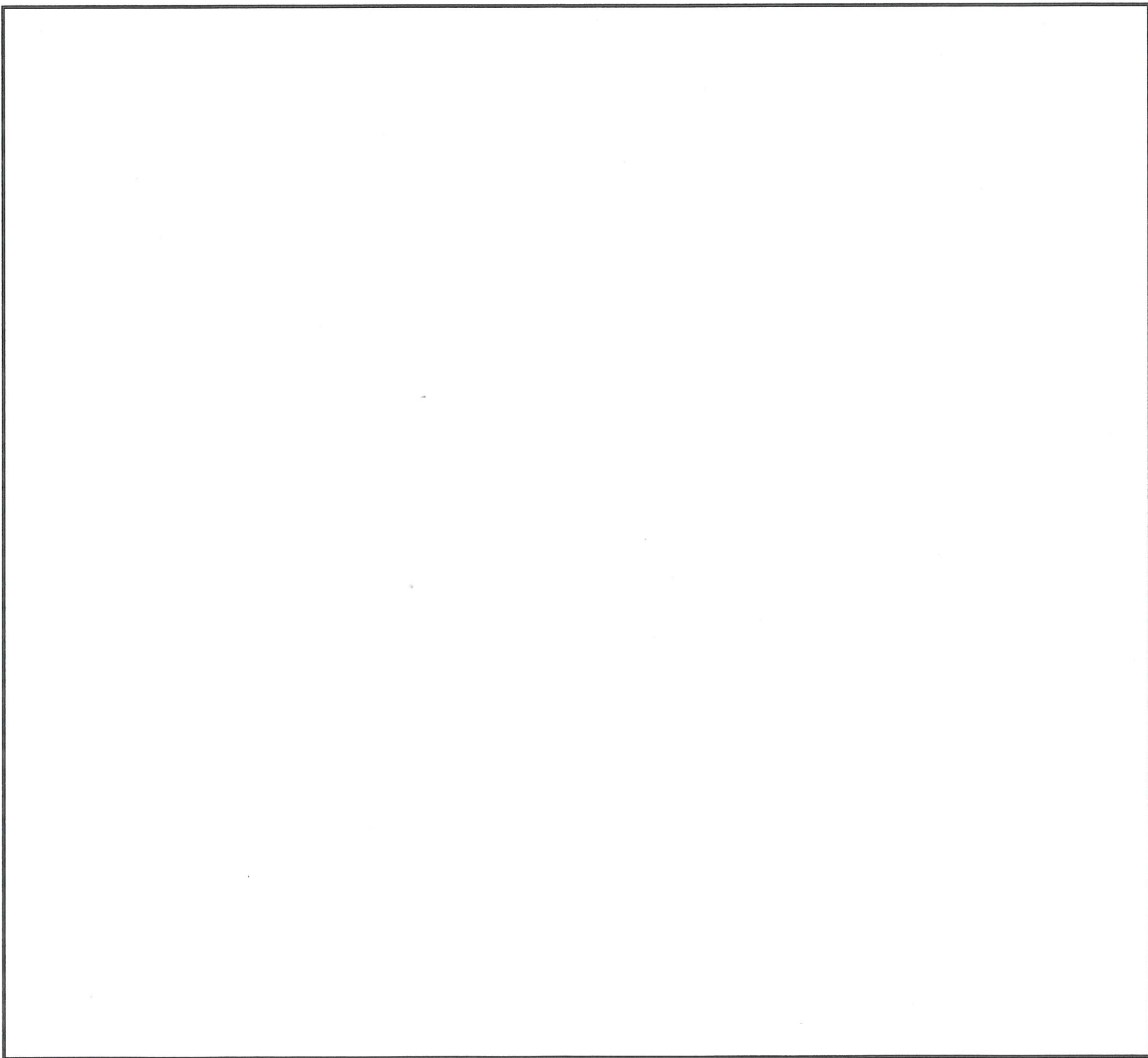
ASSESSORS PARCEL NUMBER \_\_\_\_\_

Provide North Arrow

REAR PROPERTY LINE

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FRONT PROPERTY LINE