

After all reviews have been completed by all involved agencies/departments you must obtain authorized signatures from all the involved agencies/departments on this form. When the form is completed, return it to Building & Safety Department. All signatures must be original signatures with exception of EMWD.

Contact Name: _____ Email: _____

Permit Number: _____

Business Name: _____

APN: _____ Owner: _____

Address: _____



New Commercial: YES () NO () Shell: YES () NO ()
 Addition: YES () NO () Tenant Improvement: YES () NO ()

DEPARTMENT	DATE	APPROVAL SIGNATURE
ENGINEERING		
PW INSPECTOR		
PLANNING		
WRP-WASTE MANAGEMENT		
ENVIRONMENTAL HEALTH		SEE ATTACHMENT _____
EMWD		SEE ATTACHMENT _____
RIVERSIDE COUNTY FIRE		
BUILDING		

