



DATE _____	PERMIT NUMBER _____
GRADING/PLANNING CASE NUMBER/OTHER RELATED CASES _____	
TYPE: <input type="radio"/> COMMERCIAL <input type="radio"/> RESIDENTIAL <input type="radio"/> MULTI-FAMILY <input type="radio"/> MOBILE HOME <input type="radio"/> POOL/SPA <input type="radio"/> SIGN	
SUBTYPE: <input type="radio"/> ADDITION <input type="radio"/> ALTERATION <input type="radio"/> DEMOLITION <input type="radio"/> ELECTRICAL <input type="radio"/> MECHANICAL <input type="radio"/> NEW <input type="radio"/> PLUMBING <input type="radio"/> RE-ROOF NUMBER OF SQUARES _____	
DESCRIPTION OF WORK _____	
PROJECT ADDRESS _____	ZIP _____
PARCEL NUMBER _____	LOT _____ TRACT _____
OCC GROUP / USE _____	
VALUATION \$ _____	SQ FT _____ L SQ FT _____
OWNER NAME _____	
ADDRESS _____	
PHONE _____	EMAIL _____
APPLICANT NAME _____	
ADDRESS _____	
PHONE _____	EMAIL _____
CONTRACTOR'S NAME _____	OWNER BUILDER? <input type="radio"/> YES <input type="radio"/> NO
BUSINESS NAME _____	
ADDRESS _____	
PHONE _____	EMAIL _____
CONTRACTOR'S STATE LIC NUMBER _____	LICENSE CLASSIFICATION _____
APPLICANT'S SIGNATURE _____	DATE _____
BUILDING & SAFETY USE ONLY	
ACCEPTED BY: _____	CITY BUSINESS LICENSE NUMBER: _____
INVOICE TOTAL: _____	SMIP: _____
ROUTED: _____	DUE: _____
PLAN CHECK: _____	REVISIONS: YES NO ADDRESSING REQUIRED
DEPARTMENT DISTRIBUTION: PLANNING ENGINEERING FIRE BUILDING – IN HOUSE BUILDING – THIRD PARTY	
REQUIRED PRIOR TO ISSUANCE: RIVERSIDE COUNTY ENVIRONMENTAL HEALTH EASTERN MUNICIPAL WATER DISTRICT	
INTERNAL DEPARTMENT RESPONSE	
APPROVED: YES NO	REDLINES: YES NO
REVIEWED BY: _____	DATE: _____
COMMENTS: _____	
HOURS: _____	