



Community & Economic Development
Department, Building & Safety Division
14177 Frederick Street
P.O. Box 88005
Moreno Valley, CA. 92552- 0805
(951) 413-3350
(951) 413-3363 FAX

APPLICATION FOR BUILDING PERMIT

Permit No.:

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Project Address:	Date:
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Assessor's Parcel Number(s):

Describe Permit Use:

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Property Owner Name:	Telephone: ()
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Address:

City:	State:	Zip:
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Contact Person	Fax No.: ()
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Applicant Name:	Telephone: ()
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Address:

City:	State:	Zip:
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Contact Person:	Contact Telephone: ()
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Contractor's State License # (if applicable):	Type:	Expiration Date:
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Contractor's Workers Compensation Insurance Carrier:
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Contractor's City Business License#:

1. Will permit include mechanical work:	Yes:	No:
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If yes, describe:

2. Will permit include electrical work:	Yes:	No:
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If yes, describe:

3. Will permit include plumbing work:	Yes:	No:
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If yes, describe:

4. Additional information or comments:
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Owner/Applicant Signature:

DEPARTMENT USE ONLY:

Inspection Area:	Tract#:	PM#:
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Lot #:	Case #:	Val By:
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Occupancy:	Type:	Zoning:
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Setbacks:	F:	L:	R:	B:
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