

BUILDING PERMIT APPLICATION**CITY OF HANFORD CALIFORNIA**

| | | | | |
|-----------------------------------|-------------------------|--------------------|------------------------|------|
| DATE: _____ | PERMIT NO: _____ | | | |
| 317 N Douty St, Hanford CA 93230 | Phone: (559)585-2581 | | | |
| PROJECT INFORMATION | | | | |
| SITE ADDRESS | | | | |
| TYPE OF PROJECT | | | | |
| ASSESSORS PARCEL NO. | | VALUATION: | | |
| BLDG AREA: | (SF) | OCCUPANCY TYPE: | UNDERGROUND FIRE LINE: | (LF) |
| GARAGE AREA: | (SF) | CONSTRUCTION TYPE: | | |
| APPLICANT INFORMATION | | | | |
| NAME | | PHONE | | |
| ADDRESS | | CELL PH. | | |
| CITY | STATE | ZIP | FAX | |
| CONTACT | | E-MAIL | | |
| **** APPLICANT SIGNATURE | | | | |
| PROPERTY OWNER INFORMATION | | | | |
| NAME | | PHONE | | |
| ADDRESS | | CELL PH. | | |
| CITY | STATE | ZIP | FAX | |
| CONTACT | | E-MAIL | | |
| CONTRACTOR INFORMATION | | | | |
| NAME | | PHONE | | |
| ADDRESS | | CELL PH. | | |
| CITY | STATE | ZIP | FAX | |
| CONTACT | | E-MAIL | | |
| CONTRACTOR LICENSE NO. | | CLASS | EXPIRE | |
| CITY BUSINESS LICENSE NO. | | EXPIRE | | |
| ARCHITECT INFORMATION | | | | |
| NAME | | PHONE | | |
| ADDRESS | | CELL PH. | | |
| CITY | STATE | ZIP | FAX | |
| CONTACT | | E-MAIL | | |
| DESIGNER INFORMATION | | | | |
| NAME | | PHONE | | |
| ADDRESS | | CELL PH. | | |
| CITY | STATE | ZIP | FAX | |
| CONTACT | | E-MAIL | | |
| ENGINEER INFORMATION | | | | |
| NAME | | PHONE | | |
| ADDRESS | | CELL PH. | | |
| CITY | STATE | ZIP | FAX | |
| CONTACT | | E-MAIL | | |