

BUILDING PERMIT APPLICATION FORM**CITY OF HANFORD, CALIFORNIA**

DATE: _____

317 N Douty Street, Hanford, CA 93230

Phone: (559) 585-2581

PERMIT NO.: _____

(To be assigned by Building Division)
www.ci.hanford.ca.us**PROJECT INFORMATION**

SITE ADDRESS : _____

TYPE OF PROJECT : _____

NOTE: A Plan Check Deposit will be required at
the time this application is submitted. The
deposit will be credited to the actual permit fee.

ASSESSORS PARCEL NO.: _____

VALUATION : \$ _____

BLDG AREA : (SF)

(SF)

OCCUPANCY TYPE : _____

UNDERGR. FIRE LINE : _____

(LF)

GARAGE AREA: (SF)

(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 OR 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