

COMMUNITY DEVELOPMENT

200 H Street
P.O. Box 5007
Antioch, CA 94509



BUILDING DIVISION

Phone (925) 779-7065
Fax (925) 779-7034

APPLICATION FOR BUILDING PERMIT

JOB SITE ADDRESS _____

Applicant Name _____ Date _____

Address _____ Phone _____

Owner Name _____ Phone _____

Contractor's Name _____ State Lic. _____

Address _____ Phone _____

• *Contractors must provide a copy of Worker's Compensation Certificate and Contractor's State License pocket I.D.*

Architect or Engineer _____ State Lic. _____

Address _____ Phone _____

DESCRIPTION OF WORK

Contract Price of Work \$ _____

TO BE COMPLETED BY BUILDING DEPT

Conditions/Remarks _____
