Building Permit Application Form



PROJECT LOCATION:			
JOB VALUATION:			
PROJECT DESCRIPTION:			
PROJECT TEAM INFORMATION			
Primary Project Contact (Check One) Applicant Contractor Property Owner Agent/Rep			
Applicant	Contractor		
Applicant Name	Contractor Name		
Name	Name		
Name	Name Company/Firm		
Name Company/Firm Address	Name Company/Firm CSLB #		
Name	Name Company/Firm CSLB # Address		
Name	Name Company/Firm CSLB # Address City State		

Building Division

200 H Street / P.O. Box 5007 Antioch, CA 94531

Phone: (925) 779-7065 || building@antiochca.gov

Property Owner		Other (Specify Architect, Engineer)
Address	Title: _	
CityState	Licen	se #:
Zip CodeTelephone _	Addre	ess
Email	City _	State
		ode Telephone
accordance with the provisions of s true and correct to the best of n	the City's ordinances, ar ny knowledge and belief	
Property O)wner	Applicant
Signature	Signature Name	<u> </u>
Name — Date	Date	
CITY USE ONLY		
Date Received:	Received by:	Fees Paid: