



# City of Vallejo

Building Division  
555 Santa Clara Street, Vallejo, CA 94590  
Phone: (707) 648-4374 ♦ Fax: (707) 552-0163 ♦ [www.ci.vallejo.ca.us](http://www.ci.vallejo.ca.us)

<b>Planning Use Only</b>
Approved _____
Date _____

## Building Permit Application

Project Address: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Complete Project Description: \_\_\_\_\_

Water Heater

Gas     Electric

Reroof:

Number of roof squares: \_\_\_\_\_

Tear Off:     Yes     No

Sheathing:  Yes     No

Type: \_\_\_\_\_

Valuation/Contract Cost: \$ \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Contact's Preferred Phone: \_\_\_\_\_

Owner's/Lessee's Name(s): \_\_\_\_\_

Owner's (Home) Phone: \_\_\_\_\_ Other Phone (if desired): \_\_\_\_\_

Owner's Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**→ Homeowners: stop here and sign below, unless submitting for a plan check that will be picked up by a contractor ←**

**CSLB License:** Number \_\_\_\_\_ Class(es) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Contractor's Name (as shown on CSLB License): \_\_\_\_\_

Contractor's Office Phone: \_\_\_\_\_ Other Phone (if desired): \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Worker's Compensation:** Carrier Name \_\_\_\_\_ Policy # \_\_\_\_\_

Architect's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Architect's Name: \_\_\_\_\_

Architect's Office Phone: \_\_\_\_\_ Architect's Fax: \_\_\_\_\_

Architect's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Engineer's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_

Engineer's Office Phone: \_\_\_\_\_ Engineer's Fax: \_\_\_\_\_

Engineer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***My signature verifies that the above information is factual and true.***

Applicant/Agent Signature \_\_\_\_\_

Date: \_\_\_\_\_