



Application for Agency Approval for Building Permit

Date: _____

Project Location: _____ APN: _____

Owner Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contractor/Architect/Representative: _____

Mailing Address: _____

Phone: _____ Fax: _____

Scope of Work:

Total Square Footage of:

Existing Structure: _____ New Structure: _____

PO Box 408 4860 Marshall Road Garden Valley, CA 95633 Telephone (530) 333-1240 Fax (530) 333-2023

Please include all floors, garage(s), art studio(s), storage area(s), etc.