



MIKE LARA
BUILDING OFFICIAL

**COUNTY OF RIVERSIDE
DEPARTMENT OF BUILDING AND SAFETY**

PERMIT APPLICATION

DATE

Permit Description-				Permit #					
Jobsite Address						Unit/Ste/Space #			
City		State CA		Zip Code		Assessor's Parcel Number			
Property Owner's Name- Last, First Name						Phone Number ()			
Mailing Address (if different)				City		State Zip Code			
APPLICANT INFORMATION									
Note: As the applicant you will be financially responsible for ALL supplemental billings, fees and refunds for any and all permits per Ordinance 457. Any changes in applicant information must be made in writing by the original applicant to the Building Department. (ref. form 284-92)									
Applicant- Company Name				Agent-					
Mailing Address				City		State Zip Code			
Phone Number ()				Email					
Check one: <input type="checkbox"/> OWNER BUILDER <input type="checkbox"/> CONTRACTOR									
Contractor -Name				Type		License #			
Mailing Address				City		State	Zip Code		
Phone Number ()				Email					
Architect or Engineer						License#			
Mailing Address				City		State	Zip Code		
Phone Number ()				Email					
FOR OFFICE USE ONLY									
Planning Case #				Legal					
Legal Zone		SP/PA		Lot Size		Setbacks-Front	Left	Right	Rear
High Fire – Y- N		TG		SEPTIC SEWER		Assoc. Permits/CV			
Flood– Y- N									



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SITE PLAN

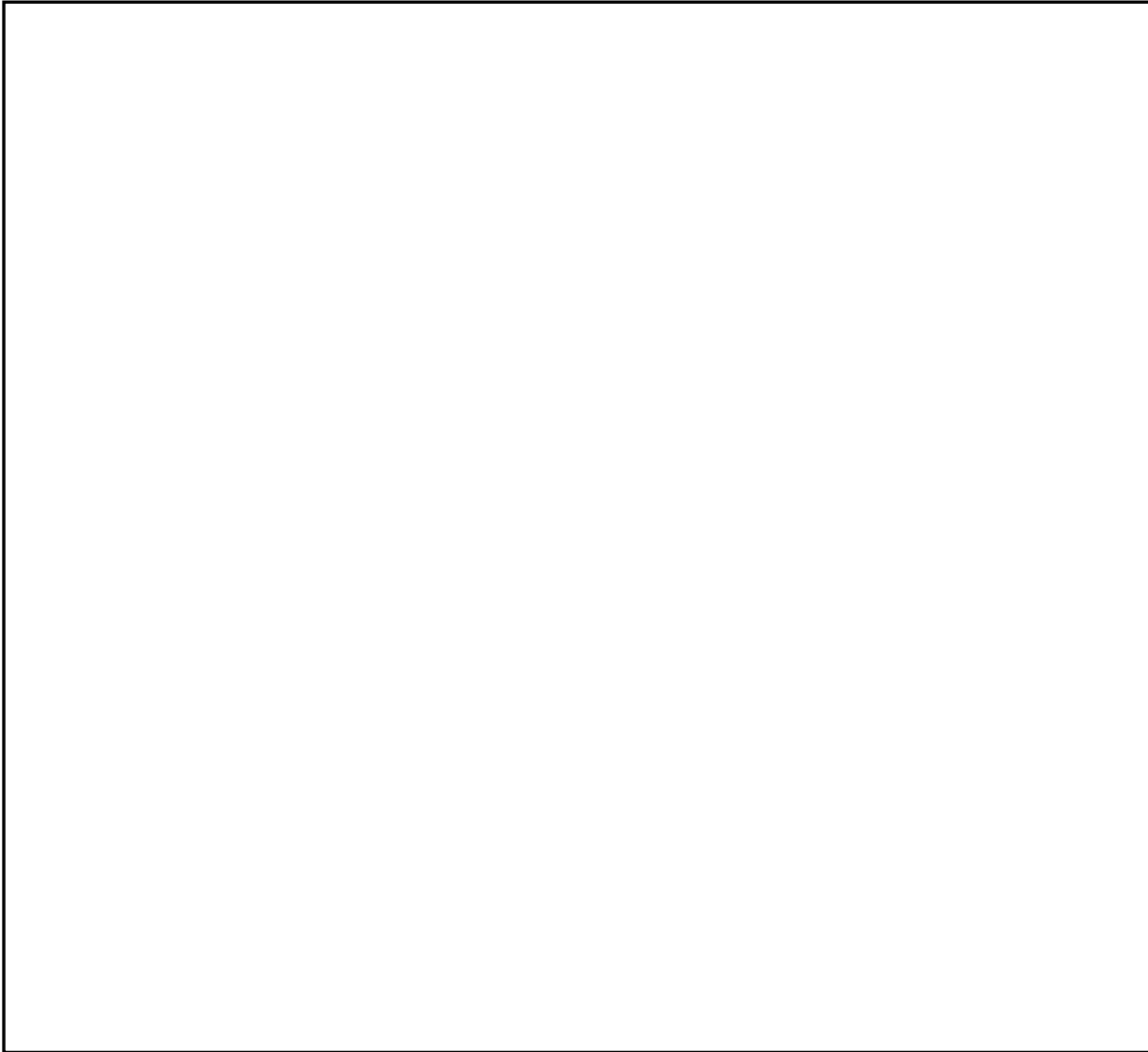
PERMIT # _____

Provide North Arrow **REAR PROPERTY LINE**

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FRONT PROPERTY LINE