



Sam Shahrouri  
Deputy Director of TLMA  
Building Official

# COUNTY OF RIVERSIDE

## BUILDING AND SAFETY DEPARTMENT

### CHANGE OF APPLICANT REQUEST

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I request to change the Applicant on Permit No. \_\_\_\_\_

Job Site Address \_\_\_\_\_  
Street Number and Name City/Area Zip Code

#### TO NEW APPLICANT:

**I agree to all responsibility and fees and refunds for this permit.**

Print Name: \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
P.O. Box or street address City/Area Zip Code

Phone number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### CURRENT APPLICANT:

**I agree to waive all responsibility and fees and refunds for this permit.**

Print Name: \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
P.O. Box or street address City/Area Zip Code

Phone number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**For Office Use Only**

**Change of applicant will be approved once new applicant is verified.**

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\_\_\_\_\_  
Manager's Name (Please Print)

\_\_\_\_\_  
Manager's Approval Signature

\_\_\_\_\_  
Date