



City of Sanger, California
 Development Services Department
 Building and Safety Division
 1700 7th Street, Sanger, CA 93657
 Phone: (559) 876-6300 Ext. 1510 / Fax: (559) 876-6323

Building Permit Application

Date: _____

Permit Type: Commercial Building Mechanical Electrical Pool
 Residential Building Plumbing Sign Other: _____

Work Classification: New Alteration Addition Other: _____

Size / Square Footage: _____ Valuation: _____

Parcel (APN) Number: _____

Job Address: _____

Owner Information:

Owner's Name: _____ Address: _____

Street Address

Telephone Numbers: _____

Primary Phone / Cell

City, State, Zip Code

Applicant Information:

Applicant's Name: _____ Address: _____

Street Address

Telephone Numbers: _____

Primary Phone / Cell

City, State, Zip Code

Is the Applicant an Agent for the Contractor? Yes No

Contractor Information:

Contractor's Name: _____ Address: _____

Street Address

Telephone Numbers: _____

Primary Phone / Cell / Fax

City, State, Zip Code

Primary Contact: _____

Licensed Contractor's Declaration

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class: _____ License Number: _____

Date: _____ Contractor: _____

Signature: _____

Additional Contacts:

Applicant's Name: _____ Address: _____

Street Address

Telephone Numbers: _____

Primary Phone / Cell

City, State, Zip Code

Select Title: Architect Engineer Lender Other: _____

License Number: _____

Describe Work: _____
