BV Project#



Commercial Building Permit Application

Building Permit Number:				Valuation.				
Project Name:						Square Foot	•	
Project Address:								
Project Description: Sign □ Scope of Work:	New Plumbing		Addition Mechanical		Remodel Electrical		Fìnishout Other	
Owner Information:								
Name:	Contact Person:							
Address:								
Phone Number: Fa			Fax Number:	Number: Mobile Number:				
Engineer		Contact	Porcon		IPhone Num	her	Fax Numb)er
_ngmeei	Contact Person				Thore rumber			
Architect		Contact Person			Phone Number		Fax Number	
General Contractor		Contact Person			Phone Number		Contractor License Number	
Mechanical Contractor	Contact Person				Phone Number		Contractor License Number	
Electrical Contractor		Contact Person			Phone Number		Contractor License Number	
Plumbing Contractor	Contact Person				Phone Number		Contractor License Number	
A permit becomes null and v	oid if work	or constr	uction authorized is	not comn	nenced within 180	days, or if const	truction or wo	k is suspended or
			lays at any time after ancy must be					
I hereby certify that I have governing this type of work wi	e read and e	examined ied with v	this application and	know the	e same to be true granting of a perr	and correct. All prices and correct.	provisions of I sume to give a	aws and ordinance uthority to violate
Signature of Applicant:				Date			e:	
OFFICE USE ONLY:								
Approved by:				Da	te approved:			
						Permit Fee	s: e:	
						Issued By	y:	