

City of Jurupa Valley Building & Safety Department

Building Permit Application

| Permit # | | | Si | Submittal Date: | | | | |
|--|------------------|------------------|-------------------|------------------------|-----------|----------|----------|--|
| Jobsite Address | | | A | Assessor Parcel Number | | | | |
| City State | | Zip Cod | Code Phone Numl | | ne Number | lumber | | |
| Property Owner's Name (First and Last) | | | | | | | | |
| Description of Work: | | | | | | | | |
| Valuation: \$ | | | | | | | | |
| APPLICANT INFORMATION | | | | | | | | |
| Note: As the applicant, you will be financially responsible for ALL supplemental billings, fees and refunds for this permit per Ordinance 457. Any changes to the "Applicant" information must be made in writing by the original applicant and submitted to the Building Department for approval. | | | | | | | | |
| Applicants Name (First and Last) Orga | | | | ation Name | | | | |
| Mailing Address | City | | | | State | Zip Code | | |
| Phone Number | Email (Require | | | | | | | |
| CONTACT INFORMATION Select box if same as applicant information | | | | | | | | |
| Contacts Name (First and Last) | | | Organization Name | | | | | |
| Mailing Address | | | City | | | State | Zip Code | |
| Phone Number | Email (Required) | | | | | | | |
| Check one: Owner Bui | | | r | OR Contractor | | | ractor | |
| Contractor –Name | | | Туре | License # | | | | |
| Mailing Address | | City | | | | State | Zip Code | |
| Phone Number | | Email (Required) | | | | | | |
| Architect or Engineer | | | Туре | ġ | License # | | | |
| Mailing Address | | City | City State | | | | Zip Code | |
| Phone Number | | Email | | | | | | |

For inspection requests, please use our online service by going to <u>JurupaValley.org</u>. Select Online Inspection Requests. If you have difficulties scheduling your inspection, please call (951) 332-6464 X400.