



TULARE COUNTY RESOURCE MANAGEMENT AGENCY

BUILDING PERMIT APPLICATION

ACTIVITY NO. _____ PROJECT NO. _____ INSPECTOR AREA _____

APN # _____ SCHOOL ACTIVITY NO. _____

PROPERTY OWNER _____ PHONE NO. _____

PROPERTY OWNER'S E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY/TOWN _____ ZIPCODE _____

SITE ADDRESS _____ CITY/TOWN _____ ZIPCODE _____

CONTRACTOR, ARCHITECT, ENGINEER OR DRAFTPERSON _____ LICENSE NO. _____

ADDRESS _____ PHONE NO. _____ E-MAIL _____

WORK TO DO AS INDICATED BELOW

Classification _____ NEW _____ ADD _____ ALT _____ VALUATION \$ _____

MOBILE HOME HUD # _____ 433-A FORM NEEDED YES _____ NO _____ COMMUNITY WATER INDIVIDUAL WELL

MOBILE HOME MOVING CO. _____ PUBLIC SEWER SEPTIC SYSTEM

MOBILE HOME SIZE _____ YEAR _____ PURCHASE PRICE \$ _____ # BDRM(S) _____ AWNING(S) _____

PLEASE NOTE THAT ALL BUILDING PERMITS MUST COMPLY WITH ALL FEDERAL, STATE, COUNTY AND CITY (IF APPLICABLE) ORDINANCES, STATUTES, AND LAWS.

BUILDING

ELECTRIC

Service: _____ amp service

Circuits

Sub Panels

Motor

PLUMBING

Septic tank _____ Each fixture _____
H. W . H. _____ Gas line _____
Water line _____ Drain _____
Sewer line _____ Re pipe _____

MECHANICAL

HVAC Residential New _____ HVAC Commercial New _____
HVAC Residential replacement _____ HVAC Commercial replacement _____
Gas heat _____ Wood stove _____
Vent fan _____ Hood Commercial _____
Evaporative cooler _____ Ducts _____

SQUARE FOOTAGE _____ STORIES _____

OCCUPANCY _____ TYPE _____

PLAN CHECK BY _____ **DATE PLAN CHECK** _____ **TIME** _____

ROUTING

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

PLANNING

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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SECTION	TOWNSHIP	RANGE

ZONING

REQUIRED SETBACKS
Front Yard _____ Road Setback _____
Rear Yard _____ Side Yard (Street) _____
Side Yard _____ Max Height _____

ACCESSORY STRUCTURES
Distance from lot line _____ Max Height _____
Percent coverage of rear yard _____

TAX RATE AREA _____

Community/City _____ School District _____

PLANNING APPROVAL BY _____ **DATE APPROVED** _____ **TIME** _____

- 1. PLAN CHECK FEE \$ _____
- 2. HEALTH SERVICES REVIEW FEE _____
- 3. FIRE DEPARTMENT REVIEW FEE _____
- 4. PUBLIC WORKS REVIEW FEE _____
- 5. GENERAL PLAN AMEND FEE _____
- 6. UAB/UDB FEE _____

APPLICANT'S NAME _____

COMPANY NAME _____

APPLICANT'S SIGNATURE _____

E-MAIL ADDRESS _____

PHONE NUMBER _____ DATE _____

TOTAL FOR THIS PERMIT \$ _____ INITIALIZE BY _____ DATE _____ TIME _____

EH OR VIOLATION# _____ **APPROVAL BY** _____ **DATE** _____ **2XFEE YES** _____ **NO** _____

NOTES: _____

INFORMATION REQUIRED WHEN FEES
WILL BE PAID BY CREDIT OR DEBIT CARD
(We do not take Credit card or Debit card payments by phone)

NAME _____

CDL OR ID NUMBER _____

EXPIRATION DATE _____

PHONE NUMBER _____

MAILING ADDRESS _____
