

DEVELOPMENT SERVICES

City of Wildomar

23873 Clinton Keith Rd., Suite 201 Wildomar, CA 92595 P: (951) 677-7751 | F: (951) 698-1463

www.cityofwildomar.org

STAFF USE ONLY
PERMIT NO:
PROJECT NO:
SUBMITTAL DATE:

CONSTRUCTION PERMIT APPLICATION

GENERAL INFORMATION												
Application For:	Sing	gle Family 🗆	Multi-F			Comme		Other:				
Jobsite Address:	·	,										
APN:					JP/CUP:						Lot No:	
Development Name (if applicable):												
Business Name (commercial only):												
	_				TYPE (check all	that app			_			
Residential Building	<u> </u>	Commercial B	Building		Structural		Non-Struc	ctural	T <u>-</u>	Plumbing		
Mechanical		Electrical	D.		Solar		Reroof		Ten	ant Improv	vement	
Rough/Mass Grading	L	☐ Precise Gra	aing		Other:	DI						
					SCOPE OF WO	KK						
VALUATION OF WO	DV.	<u> </u>										
VALUATION OF WO	KK.			\circ	NER INFORMA	HOLL						
Owner Entity/Compo	nı Na			ΟVV	INER INFORIVIA	ATION						
Owner Entity/Compa Address:	ny ivai	ne:	C:L				State:		710.			
Phone:			City		Contact Days				ZIP:			
					Contact Person (Last/First):							
Fax:					Email:							
			А	PPL	ICANT INFORM	IATION						
Applicant Name:							1					
Address:			City	':			State:		ZIP:			
Phone: Contact Person (Last/First):												
Fax: Email:												
Applicant's Signature:				Date:								
CONTRACTOR INFORMATION												
Contractor/Company			<u> </u>									
Permit Activities this	Contra	ctor will Perfo					1					
Address:			City		State:				ZIP:			
CSLB License No:					e Туре(s):				Expiration:			
Workers' Comp Provider:					Policy No: Expiration:							
Phone:					Contact Person (Last/First):							
Fax:					Email:							
STAFF USE ONLY												
Square Feet:			Zone:	_	TAIT OSE OF			Lot S	ize:			
Septic/Sewer:			High F	_	Area:		s 🗆 No			e Case(s):	□Vec	□No
	No	Other Infor			7 li Cai		<u> </u>	Opei	- coa	c-casc(s).		
Grading: Yes No Other Information: Permit Technician's Signature: Date:												
1 Crime recinician 5 3	gnatu						Date					



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ADDITIONAL CONTRACTOR INFORMATION									
Contractor/Company Name:									
Permit Activities this Contractor will Perform:									
Address:	City:		State:	ZIP:					
CSLB License No:	Licens	e Type(s):		Expiration:					
Workers' Comp Provider:		Policy No:		Expiration:					
Phone:		Contact Person (Last/First):							
Fax:		Email:							
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