

# CITY OF SOUTH LAKE TAHOE

Building Department

Phone: (530) 542-6010 Fax: (530) 541-7524

# PERMIT WORKSHEET

Date \_\_\_\_\_

**TO AVOID MISUNDERSTANDING AND TO EXPEDITE PROJECT REVIEW AND PERMIT PROCESSING, YOU ARE URGED TO COMPLETE ALL INFORMATION THAT APPLIES. PLEASE PRINT AND BE AS DETAILED AS POSSIBLE.**

Permit No. \_\_\_\_\_

APN \_\_\_\_\_

Job Site Address \_\_\_\_\_ Year Structure Built \_\_\_\_\_

Business Name (Commercial Only): \_\_\_\_\_ New Business \_\_\_\_\_ Existing Business \_\_\_\_\_

PROPERTY OWNER

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

CONTRACTOR  OWNER/BUILDER

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

State Lic. No. \_\_\_\_\_ Lic. Type \_\_\_\_\_ Expiration Date \_\_\_\_\_ Business Lic No. \_\_\_\_\_

Email: \_\_\_\_\_

ARCHITECT / DESIGNER

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

CONTACT PERSON

Name \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Valuation of Work (Includes Materials and Labor for Licensed Contractor to Perform Work): \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REROOFING**

Type of Material \_\_\_\_\_ No. of Squares: \_\_\_\_\_ Pitch: \_\_\_\_\_