



BUILDING PERMIT APPLICATION
CITY OF GROVER BEACH COMMUNITY DEVELOPMENT DEPARTMENT
 154 SOUTH 8TH STREET • GROVER BEACH, CA 93433
 PHONE: 805-473-4520 • INSPECTION REQUEST LINE: 805-473-4527 • FAX: 805-489-9657

PROJECT INFORMATION		
Project Address:	Suite/Unit #:	
Project Description:	Project Value:	
PROPERTY OWNER		
Name:	Phone:	
Address:	Fax:	
City/State/Zip		
TENANT (Commercial Projects Only)		
Business Name:	Phone:	
Business Owner Name:	Phone:	
CONTRACTOR		
Name:	Phone:	
Address:	Fax:	
City/State/Zip		
State License #:	Category:	Expiration Date:
Business Tax Certificate #:	Expiration Date:	
ARCHITECT/ENGINEER/DESIGNER		
Name:	Phone:	
Address:	Fax:	
City/State/Zip		
State License #:	Expiration Date:	
LENDER INFORMATION		
Lender Name and Address:		

<p>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</p>			
Signature of Property Owner or Authorized Agent <i>(attach authorizing documentation)</i>	Date	Signature of Contractor	Date

OFFICE USE ONLY			
Date Applied:	Zoning:	Resolution #:	
APN: 060-	Lot:	Block:	Tract/Sub:
Plan Check Deposit: \$	Date Paid:	Receipt #:	
Permit Type: B <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> X <input type="checkbox"/> Other _____			PERMIT #: