



GENERAL INFORMATION

Expiration Date: _____

Name: _____ Assessor's Parcel No: _____

Job Location: _____ City: _____

Owner's Name: _____

Mailing Address: _____

Phone: _____ Category: _____

JURISDICTION APPROVAL

The project has met jurisdiction's requirements and has paid all required fees.

Acceptance By: _____

Name Title

Units Issued _____

This Permit: _____

NEW FACILITIES RESIDENTIAL

Number of Dwellings: _____ x \$5,654.65 = \$ _____

Credit:* _____

Agency Total: _____

Other: _____ + _____

Total Amount Due: _____

*Explain how the total was calculated. Attach any supporting documents.

The Amount Due shown above must be paid **prior to being issued a building permit** by your city or district.

The undersigned acknowledges receipt of a copy of this statement and states he/she is the owner of the described premises or is the duly authorized agent of the owner.

Name: _____

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Approved By: _____ Permit No.: _____

Posted By: _____