

**INFORMATION PERTAINING TO APPLICATION FOR BUILDING PERMIT,  
CITY OF PASO ROBLES**

*The following information should be filled out as completely as possible. Failure to do so may impede the permit process*

**PLEASE PRINT:**

OWNER (S): \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

OWNER (S) ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TENANT (S): \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

TENANT (S) ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGENT FOR OWNER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

AGENTS' ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROJECT ADDRESS: # \_\_\_\_\_ STREET \_\_\_\_\_ LOT \_\_\_\_\_ TRACT \_\_\_\_\_

ARCH./DRAFTSMAN: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ARCH./DRAFTSMAN ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTRACTORS' LICENSE NUMBER: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

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**PROJECT INFORMATION: SCOPE OF WORK:** \_\_\_\_\_

**VALUE OF PROJECT:** \$ \_\_\_\_\_

**PERMIT REQUESTED:** BUILDING \_\_\_\_\_ DEMOLITION \_\_\_\_\_ MECHANICAL/PLUMBING/ELECTRICAL \_\_\_\_\_

SWIMMING POOL/SPA \_\_\_\_\_ SIGN \_\_\_\_\_

**TOTAL SQUARE FEET OF BUILDING:** \_\_\_\_\_ GARAGE: \_\_\_\_\_ PATIO/DECK: \_\_\_\_\_

SETBACKS: FRONT: \_\_\_\_\_ FT. SIDES: \_\_\_\_\_ FT. REAR: \_\_\_\_\_ FT.

NUMBER BEDROOMS: \_\_\_\_\_ NUMBER BATHROOMS: \_\_\_\_\_ NUMBER OF STORIES: \_\_\_\_\_

**OCCUPANCY GROUP:** \_\_\_\_\_

**CONSTRUCTION TYPE:** \_\_\_\_\_ I A, II A \_\_\_\_\_ IIIA, VA \_\_\_\_\_ II B, III B, IV, V B

**APPLICATION #** \_\_\_\_\_

***PLEASE COMPLETE THE REVERSE SIDE***

