

MISCELLANEOUS PERMIT APPLICATION

APPLICATION #: _____

DATE: _____

JOB ADDRESS: _____

PARCEL #: _____

TRACT: _____ LOT(S) #: _____

UNIT(S) #: _____



APPLICANT NAME: Victor Chen PHONE #: 909 816 3161

ADDRESS: _____

CITY: Yucaipa ZIP CODE: 92399

EMAIL ADDRESS: vchen2120@gmail.com

PROPERTY OWNER: Jian Chen

ADDRESS: _____ PHONE #: 909 210 1491

CITY: Yucaipa ZIP CODE: 92399

NAME OF BUSINESS TO OCCUPY BUILDING / SPACE: _____

CONTRACTOR NAME: Owner/Builder

ADDRESS: N/A

CITY: _____ ZIP CODE: _____

CONTRACTOR LICENSE #: _____ CLASS: _____

EXPIRATION DATE: _____

WORKMAN' COMPENSATION: N/A

POLICY #: _____

EXPIRATION DATE: _____

DESCRIPTION OF WORK: _____ VALUATION OF JOB: \$ _____

IF MORE ROOM NEEDED, PLEASE USE OTHER SIDE

SIGNATURE OF APPLICANT OR AGENT: _____

PRINTED NAME: Victor Chen DATE: _____