



Building Department
 336 Pacific Avenue, Shafter CA 93263
 Tel: 661-746-5002 ■ Fax: 661-746-9125

PROJECT IDENTIFICATION WORKSHEET

TODAY'S DATE: _____
 APN _____

PROJECT ADDRESS _____
 PROJECT VALUATION _____

*THIS IS NOT A BUILDING PERMIT.
 THE INFORMATION PROVIDED IS FOR THE PURPOSE OF COLLECTING DATA FOR THE PROJECT.*

RESIDENTIAL COMMERCIAL AGRICULTURE

APPLICANT INFORMATION		
Applicant/Company Name		Description of Work
Mailing Address		
City		
State		For Re-Roofs: Provide Square Feet of Residence
Zip	Email	
Telephone		Fax
OWNER INFORMATION		
Name		
Mailing Address		City/Zip
Telephone		Email
ARCHITECT INFORMATION		
Company Name		Contact Name
Address		City/Zip
Telephone		Email
CONTRACTOR INFORMATION		
Company Name		Contact Name
Mailing Address		City/Zip
Telephone		Email
State License No		Class

FOR OFFICE USE ONLY			
Received By _____	Date _____	Plans Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, No. of Sets _____