



Building Department  
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**PROJECT IDENTIFICATION WORKSHEET**

TODAY'S DATE: \_\_\_\_\_ PROJECT ADDRESS \_\_\_\_\_  
 APN \_\_\_\_\_ PROJECT VALUATION \_\_\_\_\_

**THIS IS NOT A BUILDING PERMIT.**

THE INFORMATION PROVIDED IS FOR THE PURPOSE OF COLLECTING DATA FOR THE PROJECT.

RESIDENTIAL       COMMERCIAL       AGRICULTURE

SECTION 1 APPLICANT INFORMATION		SECTION 2 DESCRIPTION OF WORK
Applicant/Company Name		Briefly describe scope of work: (Attach plans if needed)
Mailing Address, CITY, STATE, ZIP		
Telephone No	Fax No	
Email		<input type="checkbox"/> If the submittal is a revision and a permit no. has been assigned, indicate the Permit No _____ <b>(Incomplete applications will be returned/rejected)</b>  OTHER MISC. PERMIT TYPES: <input type="checkbox"/> Re-Roof _____ sqft. <input type="checkbox"/> WH Change-out <input type="checkbox"/> Electrical Panel <input type="checkbox"/> Sewer <input type="checkbox"/> Gas Insert <input type="checkbox"/> AC Change-out <input type="checkbox"/> Window Retrofit <input type="checkbox"/> New AC <input type="checkbox"/> Plumbing; No of fixtures _____

**SECTION 3 OWNER INFORMATION (Complete if different from SECTION 1)**

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	Please provide City of Shafter Business License No

**FOR OFFICE USE ONLY**

Received by \_\_\_\_\_ Date \_\_\_\_\_ Plans Submitted  Yes  No Qty: \_\_\_\_\_