City Of Kerman
Building Department
850 S. Madera Ave Kerman,
CA 93630
Phone: (559) 550-0835

Application Date:

Received Stamp:

buildingonline@cityofkerman.gov

Application for an Addendum to Current Building Permit or Plan Review

(Must be complete, legible and accurate)

Current Building Permit Number: _____

Revision Description: _____

JOB ADDRESS:	KERMAN, CA 93630
PROJECT SQ FT REVISION:	REVISION "ONLY" VALUATION: $
JOB CONTACT:	PHONE:

OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR: _____ PHONE:(____)_____

ADDRESS: ___ CITY: _____ ZIP: _____

SIGNATURE

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: _____

APPLICANT OR AGENT SIGNATURE: _____ DATE: _____

ADDITIONAL PERMIT FEES

Building Permit	$	Plan Check	$	Planning	$
				BALANCE DUE	$

(office use only) **APPLICATION APPROVED BY:**