City of Sanger
Building Department
1700 7th St, Sanger, CA 93657
Phone: (559) 876-6300 ext. 1590

Application Date: _____

Received Stamp: _____

Application for Revisions to Current Building Permit or Plan Review

(Must be complete, legible and accurate)

Current Building Permit Number: _____

Revision Description: _____

JOB ADDRESS: _____ CITY: SANGER, CA 93657

PROJECT SQ. FT Revision: _____ Revision "ONLY" VALUATION: $_____

Job Contact: _____ Phone: _____

OWNER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL:

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL:

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) **APPROVED BY:**_____