



Community Development Department
14000 City Center Dr., Chino Hills, CA 91709
(909) 364-2740 Fax (909) 364-2795
www.chinohills.org

Permit No.: _____
TDA No.: _____
Submittal Date: _____

BUILDING PERMIT APPLICATION

Please use this for all projects that don't have a specific application.

PROJECT INFORMATION

Project Address: _____			
APN: _____	Tract: _____	Lot: _____	Block: _____
Project Valuation: _____			
Scope of Work: _____			

OWNER INFORMATION

Owner Name: _____	
Address: _____	
Phone No.: _____	Email: _____

APPLICANT INFORMATION *(if different from Owner)*

Name: _____	
Address, City, State, Zip: _____	
Phone No.: _____	Email: _____

CONTRACTOR INFORMATION

Company Name: _____	Rep. Name: _____
Contractor's License No: _____	Exp. Date: _____
Workman's Comp. No.: _____	Class: _____
	Exp. Date: _____
	Company: _____
City Business License No.: _____	
Exp. Date: _____	
Address, City, St., Zip: _____	
Phone No.: _____	Email: _____