



# Building Permit Application

## Inyo County

377 West Line Street, Bishop, California 93514

760-873-7857 [ctrulsen@inyocounty.us](mailto:ctrulsen@inyocounty.us)

[www.inyocounty.us](http://www.inyocounty.us)



Project Address: \_\_\_\_\_

APN: \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

Address : \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # : \_\_\_\_\_

Phone # : \_\_\_\_\_

License #: \_\_\_\_\_

Fax # : \_\_\_\_\_

**Architect :** \_\_\_\_\_

**Engineer :** \_\_\_\_\_

Address : \_\_\_\_\_

Address : \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

Phone # : \_\_\_\_\_

Phone # : \_\_\_\_\_

Fax # : \_\_\_\_\_

Fax # : \_\_\_\_\_

License # : \_\_\_\_\_

License # : \_\_\_\_\_

### Project Coordinator / Contact Person (if different from above)

Name: \_\_\_\_\_

Phone # : \_\_\_\_\_

Project Description (be specific):

Short Decs:

Value of work: \_\_\_\_\_

Applicant understands that this permit expires and becomes null and void should work not be commenced within 180 days from date of issue, or should construction be suspended or abandoned for a period of 180 days. Applicant certifies that the information provided herein is correct to the best of their knowledge and agrees to comply with all City and state laws relating to building construction and hereby authorizes representatives of the City to enter upon the project property for inspection purposes.

Applicant name: \_\_\_\_\_

Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

### Permit Cost Summary

Building Permit	\$	-
Plan Check	\$	-
Plumbing Permit	\$	-
Mechanical Permit	\$	-
Electrical Permit	\$	-
Other	\$	-
Relocation	\$	-
Demolition	\$	-
Jacuzzi	\$	-
Storage Container	\$	-
Continuing Education	\$	-
Mobile Home	\$	-
Grading	\$	-
Solar	\$	-
SMIP	\$	-
Building Standards Revolving Fund	\$	-

Permit # :	_____
Date:	_____
Approved By:	_____
Con Type:	_____
Occ Grp:	_____
Total SQ FT:	_____
Zoning:	_____
WM Form:	_____
Plan Check:	_____
Health Dept:	_____
School Fees:	_____
Cal Fire:	_____
Sewer Dist:	_____
<b>Total</b>	_____
Receipt #:	_____