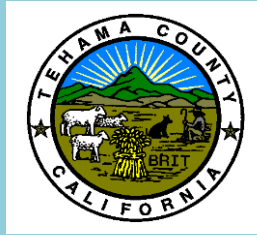


# COUNTY OF TEHAMA DEPARTMENT OF BUILDING & SAFETY

Tehama County Building Department  
444 Oak St. 2<sup>nd</sup> Floor Room H  
Red Bluff, CA. 96080



Tehama County Courthouse Annex  
(530) 527-7002  
e-mail: [building@co.tehama.ca.us](mailto:building@co.tehama.ca.us)

## BUILDING PERMIT APPLICATION

<p style="text-align: center;"><b>CONSTRUCTION ADDRESS</b></p> <p>PARCEL # _____</p> <p>ADDRESS _____</p> <p>CITY _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>NAME _____</p> <p>MAILING ADDR. _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE _____</p>
<p style="text-align: center;"><b>CONTRACTOR</b></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE _____ FAX _____</p> <p>EMAIL _____</p> <p>STATE LIC # _____ CLASS _____</p>	<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>PHONE _____ FAX _____</p> <p>EMAIL _____</p> <p>STATE LIC # _____ EXP _____</p>
<p>CONTACT PERSON _____</p> <p>CONTACT PHONE _____</p> <p>PROJECT VALUATION: _____</p>	<p style="text-align: center;"><b>APPLICANT SIGNATURE</b></p> <p>X: _____</p>

<ul style="list-style-type: none"> <li><input type="checkbox"/> APPROVED PLOT PLAN</li> <li><input type="checkbox"/> COMPLETE SET OF BUILDING PLANS</li> <li><input type="checkbox"/> ENERGY CALCULATIONS</li> <li><input type="checkbox"/> TRUSS CALCULATIONS</li> <li><input type="checkbox"/> SFR MODIFIED SOILS TEST</li> <li><input type="checkbox"/> STRUCTURAL CALCULATIONS (IF APPLICABLE)</li> <li><input type="checkbox"/> SOLAR PLANS, AND MUNUAL J REPORT</li> <li><input type="checkbox"/> FLOOD ELEVATION CERTIFICATE (IF APPLICABLE)</li> </ul>	<p>I understand I am responsible for delivering the items at left to the Building Department BEFORE the building permit will be issued. Omission of these items may cause a delay in processing my permit.</p>
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APPLICANT EMAIL ADDRESS:				DATE:	
PROJECT DESCRIPTION:					
RCVD BY:	PERMIT #	\$ DEPOSIT AMT:	CHECK #	RCPT #	