City of Buena Park
Building Division
Permit Application

DATE _____ REF# _____

JOB ADDRESS _____

Property Owner(s) _____ Owner's Phone # _____

Owner's Address _____ APN# _____

_____

Applicant's Name _____ Applicant's Phone # _____

Company Name _____

Applicant's Address _____

Job Description _____

_____

_____

Job Valuation $_____

(Please Circle One)

NEW BUILDING	**ADDITION**	**ALTERATION**	**DEMO**
COMMERCIAL	COMMERCIAL	COMMERCIAL	COMMERCIAL
INDUSTRIAL	INDUSTRIAL	INDUSTRIAL	INDUSTRIAL
MULTI-FAMILY RESIDENCE	RESIDENTIAL	RESIDENTIAL	RESIDENTIAL
SINGLE FAMILY RESIDENCE			

CONTRACTOR INFORMATION

Company Name _____ Phone 1 _____

Name _____ Phone 2 _____

Address _____ Fax _____

State License # _____ Expiration _____

City Business License # _____ Expiration _____

Worker's Compensation Insurance Company _____

Policy # _____ Expiration _____

ARCHITECT/ENGINEER **State Lic. #**_____

Company _____ Phone 1 _____

Name _____ Phone 2 _____

Address _____ Fax # _____