



Incorporated Jan. 20, 1948

CITY OF ORANGE COVE

633 6TH Street
Orange Cove, Ca 93646
559-626-4488

Application for Building or Encroachment Permit

Date: _____ Fee: _____ BP #: _____

'All Applicable Items Below Must be Completed – Unreadable Hand Writing & Incomplete Applications Cannot be Processed'

Type of Permit: ☐ Building ☐ Plumbing ☐ Electrical ☐ Mechanical ☐ Encroachment ☐ Other

Site Address _____

(\$) Project Valuation (Labor + Materials) Size – Sq. Ft.: _____

Complete Description of Work: _____

Owner's Name _____ Email _____

Address _____ Phone _____

Applicant's Name: _____ Email _____

Address _____ Phone _____

Project Manager or Responsible Person: _____ Email _____

Address _____ Phone _____

Architect / Engineer: _____ Email _____

Address _____ Phone _____

Lic. # _____

Licensed Contractor's Declaration

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions code and my license is in full force and effect.

License Class: _____ License # _____ Expiration Date: _____

Contractor's Name: _____ Phone _____

Address _____

Date _____ Signature _____ Email _____

Email: carl@cityoforange Cove.com