



INTERAGENCY PERMIT APPLICATION



City of Redding
777 Cypress Avenue
Redding CA 96001
Telephone:
(530) 225-4013
FAX: (530) 225-4360

**** A DEPOSIT WILL BE REQUIRED FOR EACH APPLICATION ****

CONSTRUCTION ADDRESS **	
** Check with Building Division Technician to obtain construction address.	

OWNER			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		

AGENCY INFORMATION			
Agency/Department Name:			
Division Name:			
Address:			
City:	State:	Zip:	
Contact Person:			
Office Phone:	Site Phone:	Fax:	

ARCHITECT/ENGINEER			
Name:			
State License Number:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		

CONTACT PERSON			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		

OFFICE USE ONLY	
Received by:	Permit Center Number:

LOCATION		
Subdivision Name:		
Cross Street:		
Unit:	Lot Number:	A.P. Number(s):

WORKERS' COMPENSATION
Policy Number:
Carrier:

CONTRACTOR			
Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
City License Number:	State License Number:	Class:	
<i>If a contractor is specified, he/she is responsible for signing and taking out the permit.</i>			

PROJECT INFORMATION		
Need Temporary Pole:	Project Value:	Job Order No:
YES <input type="checkbox"/> NO <input type="checkbox"/>	\$	

Identify and describe the work and indicate the use or occupancy to be covered by the permit.

Check with the Building Division as development fees, connection fees, and construction taxes may be assessed to this project.

APPLICANT SIGNATURE