



City of Patterson
 1 Plaza
 PO Box 667
 Patterson, CA 95363 (209) 895-8030
buildingclerk@pattersonca.gov

Office Use Only Application Date: _____

APPLICATION FOR REVISIONS TO CURRENT BUILDING PERMIT OR PLAN REVIEW

Current Building Permit #: _____
 Revision Description: _____

 Address of Work: _____ Patterson, CA 95363
 Project SQ.FT. Revision: _____ Project Valuation for Revision ONLY:\$ _____

Property Owner: _____ APN: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____ Email: _____

Primary Contractor: _____ Phone: _____
 Address: _____ Contractor Lic #: _____ Local Lic #: _____
 City: _____ Zip: _____ Email: _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: _____
 APPLICANT OR AGENT SIGNATURE: _____ DATE: _____

(Office Use Only) ADDITIONAL PERMIT FEES

Building Permit	\$	Plan Check	\$	Fire	\$
				<u>BALANCE DUE</u>	\$

(Office Use Only) APPROVED BY: _____