

CITY OF AUBURN BUILDING DEPARTMENT

PERMIT APPLICATION - NEW CONSTRUCTION

APPLICANT TO COMPLETE:

Property Owner _____ Phone _____

Mailing Address _____ ZIP _____

Contractor's Name _____ Phone _____

Mailing Address _____ ZIP _____

Contractor's License No. _____ Worker's Comp Cert.? _____

If Owner/Builder permit, are you hiring employees? _____

CONSTRUCTION SITE ADDRESS _____

Subdivision _____ Lot # _____

Type of Work/Use: Residential _____ Commercial _____ Other _____

Describe work to be done: _____

Signature of Applicant _____ Date _____

OFFICE USE ONLY APN # _____

<u>Sq. Ft.</u>	<u>Occupancy</u>	<u>Valuation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Valuation _____ **No. of Bedrooms** _____