CITY OF AUBURN BUILDING DEPARTMENT
SUPPLEMENTAL PERMIT APPLICATION

PLEASE BE ADVISED THAT THIS APPLICATION IS PUBLIC INFORMATION!

PROPERTY OWNER_____Phone_____

Mailing Address:_____
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CONTRACTOR'S NAME_____Phone_____

Mailing Address:_____

Contractor's License No./Class/_____

Worker's Compensation Applicable? Yes ☐ No ☐
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PROJECT LOCATION_____

Describe Work To Be Done_____

_____

_____

Cost of job: $_____

_____ _____
Applicant's signature **Date**

Owner_____Contractor_____Agent_____
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OFFICE USE ONLY:

APN #_____