

City of Auburn Building Department

Building Permit Application

DATE: _____

PERMIT#: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Contractors Name: _____ Phone: _____

Mailing Address: _____

Contractor License Number: _____

Worker's Compensation Available? Yes No

Project Address: _____

APN: _____

Describe Work to be Done: _____

Cost of Job: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Applicant Name: _____

Applicant Signature: _____

Email Address: _____

Property Owner Licensed Contractor Agent