3970 Rocklin Road Rocklin CA 95677 | (916) 625-5120 Fax (916) 625-5195

PROJECT CONTACT INFORMATION

In order to ensure project correspondence is transmitted to the appropriate person(s), all comments or questions will be forwarded to the contact person(s) designated below. All applicable fields are required to be completed for processing. If fields are incomplete, the project will be put on hold until information is received. Please contact the Building Division if the contact person(s) changes.

Project Nam	e:				
Project Loca	tion/Address:				
Project Desc	ription:				
Primary Project Cont	act Information				
Contact Nan	ne:				
Company Na	ame:				
Relationship	to Project:				
Address:					
City/State/Z	p:				
Phone:					
Email:					
Property Owner Info	<u>rmation</u>				
Contact Nan	ne:				
Address:					
City/State/Z	ip:				
Phone:					
Email:					
Tenant/Business Ow	ner Information				
Contact Nan	ne:				
Tenant/Busi	ness Name:				
Address:					
City/State/Z	p:				
Phone:					
Email:		 			
		OFFICE USE			
Building Pern	nit #	Application Date:			