



**City of Rocklin Building Division**

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

**PROJECT CONTACT INFORMATION**

In order to assure project correspondence is transmitted to the appropriate person(s), all comments or questions will be forwarded to the contact person(s) designated below. Please contact the Building Division if the contact person(s) changes.

Project Name: \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Contact Information:

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact's Relationship to Project:

- Applicant
- Contractor
- Engineer/Architect/Designer
- Property Owner
- Other: \_\_\_\_\_

**If the Project Contact above is not the Property or Business Owner, please complete the information below:**

Property/Business Owner Information:

Property/Business Owner Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**OFFICE USE ONLY**

Building Permit # \_\_\_\_\_ Application Date: \_\_\_\_\_