



Building Department

PLAN CHECK APPLICATION

390 Towne Centre Dr, Lathrop, CA 95330

Phone: (209) 941-7270

PRIOR TO PERMIT ISSUANCE A COMPLETED PERMIT APPLICATION WITH CONTRACTOR MUST BE SUBMITTED

PROJECT ADDRESS: _____ APN # _____		
APPLICANT		
Name: _____	Phone #: (____) _____	
Company: _____	Email: _____	
Address: _____	City/State/Zip: _____	
PROPERTY OWNER		
Name: _____	Phone #: (____) _____	
Address: _____	Email: _____	
City/State/Zip: _____		
ARCHITECT	ENGINEER	DESIGNER
Name: _____	Phone #: (____) _____	
License / Registration #: _____	Email: _____	
Address: _____	Company: _____	
City/State/Zip: _____		
DESCRIPTION OF WORK		
Type Of Construction: _____	Sprinklers: Yes No	
Occupancy Group #1: _____	Occupancy Group #2: _____	
Description/Scope of Work: _____		

Construction Valuation: \$ _____ Grading-Cut: _____ Fill: _____ Total: _____		
DESCRIPTION OF BUILDING		
Description/ Type of Building: _____		
Existing (If Applicable) Floor Area: _____	Garage: _____	Number of Units: _____
Proposed Floor Area(s): _____	Garage: _____	Number of Units: _____
Building Height: _____	Stories: _____	