



City of El Cajon
Building and Fire Safety Division
 200 Civic Center Way
 El Cajon, CA 92020
 619-441-1726, Fax 619-441-1743

Permit Application

This document, and any attachment hereto, is a public record and is subject to disclosure to third parties pursuant to the California Public Records Act Section 6250 et seq.

Please provide all of the following information.

Application Date:	Issue Date:	Permit #:
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PROJECT INFORMATION

Address:	Zip	APN #:
Type of Permit (<i>Circle One</i>): Building Electrical Plumbing Mechanical Demo Fire Mobile Home Other		
Describe your project:		Sq Footage:
		Valuation:

LEGAL OWNER OF PROPERTY

Contact by: US Mail Phone Email Text

Name:			Phone #:	
Address:			Email:	
City	State	Zip	Text #:	Carrier

CONTRACTOR

Contact by: US Mail Phone Email Text

Name:			Phone #:	
Address:			Email:	
City	State	Zip	Text #:	Carrier
City of El Cajon Business License Number:			Expiration Date:	
State of CA Contractors License Number:			Expiration Date:	
Workman's Comp. Policy Number:			Expiration Date:	

APPLICANT

Contact by: US Mail Phone Email Text

Name:			Phone #:	
Address:			Email:	
City	State	Zip	Text #:	Carrier