



DEVELOPMENT SERVICES DEPARTMENT
Building & Safety Division

156 S. BROADWAY, SUITE 130 | TURLOCK, CALIFORNIA 95380
PHONE 209-668-5560 | EMAIL BUILDING@TURLOCK.CA.US
WEBSITE CITYOFTURLOCK.ORG

PERMIT NO. _____

NWS PERMIT TYPE: **B-** _____

APPLICATION DATE: _____

PLAN CHECK DEPOSIT: _____

BUILDING PERMIT APPLICATION

- This application must be filled out completely. If a line does not pertain to your project please mark N/A.
 - For additional guidance and information, please refer to the Project Submittal Checklist and Electronic Submittal Guide or contact our offices
1. A plan check deposit is required with this application. Fee provided by staff and payable by cash, check or online.
 2. All projects must be submitted electronically in PDF format via link provided by staff.
 3. Projects which require more than 3 plan checks will be subject to additional plan check fees.
 4. No inspections will be performed prior to issuance of the Building Permit.
 5. The following shall NOT be part of this submittal: Civil Drawings, Landscape Plans and/or Commercial Fire Systems. Please contact Engineering, Planning, County Health and/or Fire Departments for their requirements.
 6. This document is public record.

PROJECT INFORMATION

Project Address & APN: _____

Description of Work _____

Estimated Improvement Cost \$ _____

PROPERTY OWNER

Name _____ Phone _____

Email _____

PRIMARY CONTRACTOR

Name _____ Phone _____

License No. _____ License Class _____ E-mail address _____

City of Turlock Business License No. (If applicable) _____

SUBCONTRACTORS

Electrical Contractor: _____ License No _____

Plumbing Contractor: _____ License No _____

Mechanical Contractor: _____ License No _____

Solar Contractor: _____ License No _____

PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM



LICENSED ENGINEERING/ARCHITECTURAL FIRM

Company Name _____ Contact Name: _____ License No. _____

Phone _____ Email _____

APPLICANT/PROJECT CONTACT

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

I certify that I have reviewed this application and that all information provided is true and correct. I agree to comply with all applicable City, County, and State construction laws and ordinances. I understand that I am responsible for all plan review fees incurred during the review process, including those assessed if the application is cancelled or expired.

Date _____ Signature of Applicant/Agent _____

Property Owner

Contractor

Licensed Professional

Agent

ADDITIONAL PROJECT CONTACTS

Please provide the email addresses of all contacts to receive project correspondence

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

This Permit Application EXPIRES one year from the date of initial application.

| *For Office Use Only* | | | | | | | | |
|-----------------------|-----------|------|-----|-----|-----|------|-----|----|
| Reviewed By: | Route To: | BLDG | OSA | PLN | ENG | FIRE | ECI | UT |