



# City of Citrus Heights

Building and Safety Division  
6237 Fountain Square Drive, Citrus Heights, CA 95621-5577  
Phone: (916) 727-4760 • Fax: (916) 725-5799 • [www.citrusheights.net](http://www.citrusheights.net)

## Building Permit Application

Project Address: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

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

**\*HVAC** – Check all that apply

- Package Unit
- Cut-In – New (Roof Plan Required)
- Cut-In – Change Out
- Roof Mount – New (Roof Plan Required)
- Roof Mount Change Out
- Split System

**\*Water Heater**

- Gas
- Electric

**Reroof:**

Number of roof sq. \_\_\_\_\_  
 Tear Off:  Yes  No  
 Sheathing:  Yes  No

**\*NOTE: If using flex piping a certification is required at time of building permit issuance.**

Valuation/Contract Cost: \$ \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Contact's Preferred Phone: \_\_\_\_\_

Owner's/Lessee's Name(s): \_\_\_\_\_

Owner's (Home) Phone: \_\_\_\_\_ Other Phone (if desired): \_\_\_\_\_

Owner's Address (if different): \_\_\_\_\_

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

→ **Homeowners: stop here and sign below, unless submitting for a plan check that will be picked up by a contractor** ←

**CSLB License:** Number \_\_\_\_\_ Class(es) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Contractor's Name (as shown on CSLB License): \_\_\_\_\_

Contractor's Office Phone: \_\_\_\_\_ Other Phone (if desired): \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Worker's Compensation:** Carrier Name \_\_\_\_\_ Policy # \_\_\_\_\_

Architect's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Architect's Name: \_\_\_\_\_

Architect's Office Phone: \_\_\_\_\_ Architect's Fax: \_\_\_\_\_

Architect's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Engineer's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_

Engineer's Office Phone: \_\_\_\_\_ Engineer's Fax: \_\_\_\_\_

Engineer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***My signature verifies that the above information is factual and true.***

Applicant/Agent Signature \_\_\_\_\_

Date: \_\_\_\_\_