



City of Pacific Grove

Community Development Department – Building Division
 300 Forest Avenue, Pacific Grove, CA 93950
 Main: (831) 648-3191 | Inspection: (831) 648-3191 | Fax: (831) 648-3184
 www.cityofpacificgrove.org/building

OFFICE USE ONLY

Application No: _____

APPLICATION FOR ELECTRICAL, MECHANICAL, PLUMBING, RE-ROOF, AND SOLAR PERMITS

SEC I: PROJECT INFORMATION

Project Address		Assessor Parcel No.	
Permit Type	Valuation	Description of Work	
<input type="checkbox"/> Electrical	\$		
<input type="checkbox"/> Mechanical	\$		
<input type="checkbox"/> Plumbing	\$		
<input type="checkbox"/> Solar	\$		
<input type="checkbox"/> Re-roof	\$		

SEC II: APPLICANT INFORMATION

PRIMARY APPLICANT IS: Owner Applicant Licensed Contractor

Owner	Name:	Phone:	Email:
	Mailing Address:		
Applicant	Name:	Phone:	Email:
	Title:		
	Mailing Address:		
Contractor	<input type="checkbox"/> Owner-Builder <input type="checkbox"/> To Be Determined (TBD)		
	Name:	Phone:	Email:
	Mailing Address:		
	License No:	License Class:	Expiration Date:

SEC III: APPLICANT DECLARATION

I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State Laws relating to Building Construction and hereby authorize City representatives to enter upon the above-mentioned property for inspection purpose. I understand that this is an application and NOT a permit or authorization to do any work without the Building Department review and approval, payment of all required fees, and signing all required documentation. I understand that this application will expire within 180 days from date of application if a permit is not obtained.

PRIMARY APPLICANT SIGNATURE	NAME	DATE