

CITY OF GRASS VALLEY OVER-THE-COUNTER BUILDING PERMIT APPLICATION

PERMIT # ASSIGNED: _____

ADDRESS # STREET		APT/STE #	APN		
IDENTIFY TYPE OF WORK TO BE COMPLETED (check all types of work that will be involved in your project):					
		PLUMBING	POOL/SPA	/TUB 🗆	OTHER 🗆
ESTIMATED JOB VALUATION: \$ (required for	or ALL permits)				
SITE INFORMATION: NOTE: You are responsible for obtaining an Encroachment Permit if your project is restricting any					
public right of way. Initial and date here that you understand :					
COMMERCIAL: Business Name	Business Phone #				
RESIDENTIAL (if different from owner):					
	Tenant Phone #				
PROPERTY OWNER INFORMATION:					
Name	Phone #				
Address	City		_ State	Zip	
LICENSED CONTRACTOR INFORMATION (if applicable): CSLB #					
LICENSED CONTRACTOR INFORMATION (if applicable): CSLE Representative Name					
Address					
	-				
Phone # Email Address Do you have a current City of Grass Valley Business License? YES # / NO (If NO, please indicate which option you choose below)					
APPLICANT INFORMATION:					
Property Owner Contractor					
If not owner or contractor, complete the following:					
Name	Email Address	s			
Contact Mailing Address					
Contact Phone #					
If you are not the Owner of the property or a Licensed Contractor, you must provide written authorization from the owner to be Agent for this project.					
APPLICANT SIGNATURE:	ICANT SIGNATURE: DATE:				