



TEMPORARY PERMIT

FOR DEPARTMENT USE ONLY

Tax Map:

Tax Lot:

Permit #

Date Issued:

Subdivision:

Lot:

Associated Permits:

APPLICANT TO COMPLETE JOB SITE, OWNER AND CONTRACTOR INFORMATION

JOB SITE INFORMATION

OWNER INFORMATION

Name:

Name:

Address:

Address:

CityStateZip:

CityStateZip:

Phone:

Fax:

Phone:

Fax:

CONTRACTOR INFORMATION

I am the property owner hiring a construction contractor.

License #: _____

Expires: _____

I am licensed with the Building Codes Division.

License #: _____

Expires: _____

I am registered with the Construction Contractors Board.

Registration #: _____

Expires: _____

Above Contractor's Seaside Business License

License #: _____

Expires: 12/31/2015

I am the property owner doing my own work

Contractor Name:

City/State/Zip:

Telephone:

Cell Phone:

Fax:

VEHICLES

APPLICANT'S

SIGNATURE:

APPLICANT'S NAME

(PLEASE PRINT)

DATE:

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Census Information

Census Class _____

Privately owned: Yes No

Housing Count: _____

Residential: Yes No

Building Count: _____