



**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: \_\_\_\_\_