



City of Los Banos

Building Department
520 J Street, Los Banos, CA 93635
Phone: (209) 827-7000 Ext. 2436
Fax: (209) 827-5921

Application Date: _____

Received Stamp: _____

Application for Revisions to Current Building Permit or Plan Review

(Must be complete, legible and accurate)

Current Building Permit Number: _____

Revision Description: _____

JOB ADDRESS: _____		CITY: LOS BANOS, CA 93635
PROJECT SQ. FT Revision: _____	Revision "ONLY" VALUATION: \$ _____	
Job Contact: _____	Phone: _____	

OWNER NAME: _____		PHONE: _____
ADDRESS: _____	CITY: _____	ZIP: _____
EMAIL: _____		

CONTRACTOR: _____		PHONE: _____
ADDRESS: _____	CITY: _____	ZIP: _____
EMAIL: _____		

SIGNATURE

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: _____

APPLICANT OR AGENT SIGNATURE: _____ DATE: _____

ADDITIONAL PERMIT FEES

Building Permit	\$	Plan Check	\$	Planning	\$
				BALANCE DUE	\$

(office use only) **APPROVED BY:** _____