



City of Calimesa Building Department

PERMIT APPLICATION WORKSHEET

Building Address: _____ APN: _____

Owner's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

State License No.: _____ License Type: _____ Expire Date: _____

City License No.: _____ Expire Date: _____

Insurance Type: _____ Policy No.: _____ Expire Date: _____

Insurance Provider: _____ Exempt: _____

Architect/Engineer Information:

Name: _____ Phone: _____

Address: _____

License Number: _____

Description of Work: _____

Square Feet: _____ Type of Construction: _____

Valuation/Contract price: \$ _____