



Demolishing Application Form

Project Information

Legal Address: _____
Physical Address: _____
Detailed Description Project: _____

Applicant/ Contractor

Name:	
Business Name & Address:	
Phone:	Fax:
License Type: & Number:	Expiration Date:

Affidavit

I am aware this is only an application for the work described and that I am not authorized to proceed with the work until such time as the permit has been issued by the City of Penitas Building Official. I hereby certify that the proposed work shall confirm to the regulations adopted by the City Of Penitas.	
Owner's Signature:	Date:
Contractor's Signature:	Date:



City of PEÑITAS

