



Town of Apple Valley

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Building & Safety Department
14955 Dale Evans Parkway
Apple Valley, CA 92307

Permit Worksheet

BUILDING ADDRESS: _____ **UNIT #:** _____

DESCRIPTION OF WORK: _____

LOT: _____ **APN:** _____ **VALUATION:** _____

CONST. TYPE: _____ **OCC. GROUP:** _____ **# OF BEDROOMS:** _____ **# OF STORIES:** _____

SEWAGE SYSTEM (CIRCLE ONE): SEPTIC OR SEWER **PIT SIZE:** _____ **TANK SIZE:** _____

PROPERTY OWNER NAME: _____ **PHONE:** _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

APPLICANT NAME: _____ **PHONE:** _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTRACTOR: _____ **PHONE:** _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

STATE LICENSE #: _____ **LICENSE TYPE:** _____ **EXP. DATE:** _____

CITY BUS. LICENSE #: _____ **EXP. DATE:** _____

MORE SQUARE FOOTAGES

LIVABLE AREA, INCLUDE BASEMENTS AND CELLARS: _____

GARAGE AND STORAGE BLDGS: _____ **RAISED FLOOR DECK:** _____

PORCH, PATIO, CARPORT, SHED: _____ **SLAB OR FOUNDATION ONLY:** _____

PORCH OR PATIO ENCLOSURE: _____ **MASONRY FIREPLACE:** _____ (ADD 60 SQ FT)

BLOCK AND RETAINING WALLS: _____ LF