



City of Camarillo

601 Carmen Drive
Camarillo, Ca 93010
(805) 388-5395 • Fax (805) 388-5393
Email-Bldgsafe@ci.camarillo.ca.us

Permit and Plan Review Application

WORK SITE

Job Address: _____
APN #: _____ LOT: _____ TRACT: _____

APPLICANT INFO (The person filling out this form)

Applicant: _____ Contact Person: _____
Address: _____
City, State & Zip: _____ Contact Phone: _____
Phone: _____

Property Owners Name: _____ **Owners phone:** _____

DESIGNER'S INFO (Architect or Engineer only)

Arch/Engr: _____
Address: _____
City, State & Zip _____
Phone: _____ License #: _____

CONTRACTOR'S INFO

Contractor: _____
Address: _____
City, State & Zip: _____
Phone: _____
License Class: _____ License #: _____

CHECK ALL THAT APPLY TO THIS PERMIT (CHECK ALL THAT APPLY)

- Permit Type: Building Plumbing Electrical Mechanical
 New Alter Addition Repair T.I. Demo Occupancy Permit

Remarks/Special Conditions/Project/Description

Valuation: \$ _____ Group: _____ Class/Type: _____ Fire Sprinklers: YES NO

Description of work to be performed under this permit.	Sq. Ft
1.	
2.	
3.	

