



**CITY OF COLTON
BUILDING DIVISION
BUILDING PERMIT APPLICATION**

OWNER INFORMATION

JOB SITE ADDRESS: _____

ASSESSOR'S PARCEL NUMBER: _____

NAME: _____

MAILING ADDRESS: _____
(IF DIFFERENT)

CITY, STATE, ZIP CODE: _____
(IF DIFFERENT)

PHONE NUMBER: _____

VALUATION OF JOB: \$ _____ **SQUARE FOOTAGE:** _____

SCOPE OF WORK: _____

CONTRACTOR'S INFORMATION (IF APPLICABLE)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

COLTON BUSINESS LICENSE NUMBER (REQUIRED): _____