



Building Department
 336 Pacific Avenue, Shafter CA 93263
 Tel: 661-746-5002 ■ Fax: 661-746-9125

PROJECT IDENTIFICATION WORKSHEET

TODAY'S DATE: _____

PROJECT ADDRESS _____

APN NO _____

*THIS IS NOT A BUILDING PERMIT.
 THE INFORMATION PROVIDED IS FOR THE PURPOSE OF COLLECTING DATA FOR THE PROJECT.*

RESIDENTIAL

COMMERCIAL

AGRICULTURE

APPLICANT INFORMATION	
Applicant/Company Name	
Description of Work	
Mailing Address	
City	
For Re-Roofs: Provide Square Feet of Residence	
State	Zip
Email	
Telephone	
Fax	
OWNER INFORMATION	
Name	
Mailing Address	
City/Zip	
Telephone	
Email	
ARCHITECT INFORMATION	
Company Name	
Contact Name	
Address	
City/Zip	
Telephone	
Email	
CONTRACTOR INFORMATION	
Company Name	
Contact Name	
Mailing Address	
City/Zip	
Telephone	
Email	
State License No	
Class	

FOR OFFICE USE ONLY

Received By _____ Date _____ Plans Submitted Yes No If yes, No. of Sets _____