



# CITY OF SUISUN CITY BUILDING PERMIT APPLICATION

Phone No.: (707) 421-7310 Fax No.: (707) 429-3758

For Office Use

Date: \_\_\_\_\_

APN: \_\_\_\_\_

Permit No.: **B** \_\_\_\_ / \_\_\_\_\_

Job Site Address: \_\_\_\_\_  
(Street No.) (Street Name) (Suite No.)

Is Subject Property: Residence  Commercial  Other

Job Description: \_\_\_\_\_

Cost to Complete the Job (total materials and labor) \$ \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
(First) (Last)

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work / Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Contractor Business Name : \_\_\_\_\_

State License Number: \_\_\_\_\_

Business Address (No PO Boxes) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone w/Area Code ( ) \_\_\_\_\_

Do you have a Suisun City Business License?  Yes  No (You must obtain one before permit will be issued)

Architect/Engineer/Tenant/Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone w/Area Code ( ) \_\_\_\_\_

Property Owner  Contractor  Architect/Engineer  Tenant  Agent

Applicant Signature

Applicant Name (please print)