



CITY OF SUISUN CITY BUILDING PERMIT APPLICATION

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

Permit No.

NOTE: Single-family homes must have carbon monoxide alarm(s) & permits valued over \$1,000.00 must have smoke alarms installed & verified by a city inspector before the permit will pass Final Inspection.

Date: _____

Job Site Address: _____
(Street No.) (Street Name) (Suite)

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 _____
Daytime Phone () _____ Home Phone () _____

Contractor Business Name: _____
State License Number: _____
Business Address (No PO Boxes) _____
City, State, Zip _____
Phone w/Area Code () _____ Cell Phone () _____

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 () _____ Cell Phone () _____

Property Owner Contractor Architect/Engineer Tenant Agent

Applicant Name (please print)

Applicant Signature