



CITY OF MOUNTAIN VIEW

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING INSPECTION DIVISION
 500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540
 Phone 650-903-6313 • Fax 650-962-8501

BUILDING INSPECTION DIVISION GENERAL PERMIT APPLICATION

Address of Work/Site:

Unit/Apt.

PC # (Office Use)

APPLICANT

Name/Company:	License #:
Address:	
City:	State: Zip:
Contact (Name):	
Area Code:	Phone:
Email Address:	

OWNER OF PROPERTY

Name/Company:
Address:
City: State: Zip:
Contact (Name):
Area Code: Phone:
Email Address:

CONTRACTOR

Name/Company:	License #:
Address:	
City:	State: Zip:
Contact (Name):	
Area Code:	Phone:
Email Address:	

ARCHITECT/DESIGNER

Name/Company:
Address:
City: State: Zip:
Contact (Name):
Area Code: Phone:
Email Address:

PLEASE SELECT THE FOLLOWING PROPERTY TYPE(S):

- Single-Family
 Duplex
 Multi-Family
 Other (specify): _____

Square Footage Information		
Existing	New	Remodel

Construction Cost =
 Labor & Materials Project Cost

SCOPE OF WORK:
