



**City of Camarillo**  
**Building and Safety Department**  
**601 Carmen Drive**  
**Camarillo, California 93010**  
**805-388-5395 • fax 805-388-5393**  
**Email – Bldgsafe@ci.camarillo.ca.us**

## Permit and Plan Review Application

**WORK SITE**

Job Address: \_\_\_\_\_

APN: \_\_\_\_\_ LOT: \_\_\_\_\_ TRACT: \_\_\_\_\_

**APPLICANT INFO** (The person filling out this form)

Applicant: \_\_\_\_\_ Contact person \_\_\_\_\_

Address: \_\_\_\_\_ Contact phone \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Property Owners Name:** \_\_\_\_\_ **Owners phone:** \_\_\_\_\_

**DESIGNER'S INFO** (Architect or engineer only)

Engr/Arch: \_\_\_\_\_

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

City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Lic # \_\_\_\_\_

**CONTRACTOR'S INFO**

Contractor: \_\_\_\_\_

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

City State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

License Number: \_\_\_\_\_ License Class \_\_\_\_\_

**CIRCLE ALL THAT APPLY TO THIS PERMIT**

**Permit Type:**    Building    Plumbing    Electrical    Mechanical  
 New Alter Addition Repair            T.I. Demo Occupancy Permit

**Remarks/Special Conditions/Project/Description**

Valuation: \$ \_\_\_\_\_ Group \_\_\_\_\_ Class/Type \_\_\_\_\_ Fire Sprinklers Yes No

Description of work to be performed under this permit (elec,plumb,mech,etc.)    Location    Sq.ft.

1.		
2.		
3.		