



**City of Lathrop
Building Department**

PLAN CHECK APPLICATION

390 Towne Centre Drive – Lathrop, CA 95330
Email: PermitOffice@ci.lathrop.ca.us
Phone #: (209) 941-7270

PRIOR TO PERMIT ISSUANCE A COMPLETED PERMIT APPLICATION MUST BE SUBMITTED WITH SELECTED LICENSED CONTRACTOR

PROJECT ADDRESS: _____ **APN:** _____

APPLICANT

Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Email: _____ Company: _____

PROPERTY OWNER

Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Email: _____

☐ **ARCHITECT** ☐ **ENGINEER** ☐ **DESIGNER**

License #: _____ License Class: _____ Project Contact Name: _____
Company/Name: _____ Project Contact Phone #: _____
Address: _____ Email: _____
City/State/Zip: _____ Company Phone #: _____

DESCRIPTION OF WORK

Type of Construction: _____ Sprinklers?: ☐ Yes ☐ No
Occupancy Group #1: _____ Occupancy Group #2: _____

Description/Scope of Work: _____

Construction Valuation: \$ _____ Grading-Cut: _____ Fill: _____ Total: _____

DESCRIPTION OF BUILDING

Description/Type of Building: _____
Existing (if applicable) Floor Area: _____ Garage: _____ Number of Units: _____
Proposed Floor Area(s): _____ Garage: _____ Number of Units: _____
Existing (if applicable) Occupancy Group: _____ Building Height: _____ Stories: _____