



PLAN CHECK APPLICATION

**City of Lathrop
Building Department**

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: _____		
<input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> 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?: <input type="radio"/> Yes <input type="radio"/> 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: _____