



# City of Eastvale

Building Safety Division

(951) 703-4450

[www.eastvaleca.gov](http://www.eastvaleca.gov)

Combination Building Permit

Property A.P.N. \_\_\_\_\_

Property Address	Number _____ Street Name _____		Eastvale, CA
Property Owner	Name _____		Phone # _____
	Address (if different from property) _____		
Applicant	Name (if not owner) _____		Phone # _____
	Address _____		
Contractor	Name _____		Phone # _____
	Address _____		
	State Contractor's License # _____	City Business License # _____	
Description of work	_____		
	_____		
Who should We Contact?	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please provide information below)		

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>			
Project Name			
Project #	Permit #	Date Received	Date Issued
Permit Fee	SMIP Fee	Green Fee	Amount Paid
Valuation \$	Square Footage		
	Commercial	Residential Dwelling	Garage