

Community Development Department Building and Safety Division Bulletin No. G-2019-001 Date: February 18, 2022

								1
APN:						Date:		
Building Address:						Valuation:		
Description of work to be perform	ed:					A I	OU's ONLY: OWNER O RENTAL	OCCUPIED
NAME OF PERSON WHO WILL MAKE CORRECTIONS ON PLANS:								
EMAIL OF PERSON WHO WILL MAKE CORRECTIONS ON PLANS:								
Use of Exist Bldg.(s):						Existing Floor Area:		
Use of Proposed Bldg.(s):						Proposed Floor Area:		
Type of Construction:	I-A 🗆	I-B □	II-A □	II-B		Fire Spr	inklers:	
□ III-B □ IV-A □	IV-B □	IV-C □	IV-HT □	V-A	□ V-B	□ YES	3 □	NO
The City of Lompoc makes every effort to keep all interested parties to any project informed as to the status of plan review activity. Further, during plan check it is often necessary to contact the owner or contractor for more information. So that we can make those contacts, we ask you to fill out the requested information below. Application for which no permit is issued within 365 days following the date of application shall expire by limitation. Plans and supplemental information still on file with the City of Lompoc may be discarded at that time. LEGAL OWNER OF PROPERTY								
NAME	ADDRESS							
PHONE NUMBER	EMAIL							
PROJECT OWNER/TENANT								
NAME	ADDRESS							
PHONE NUMBER	EMAIL							
CONTRACTOR								
NAME	ADDRESS							
PHONE NUMBER					LICENSE NO.			
PROJECT DESIGN PROFESSIONAL OR OTHER								
NAME	1		ADDRESS					
PHONE NUMBER	EMAIL							
APPLICATION COMPLETED	BY	☐ Designer	□ Ow	ner	□ Co	ontractor	☐ Othe	r
SIGNATURE			DATE					