



PERMIT APPLICATION FORM

Due to the COVID-19 pandemic, City Hall remains closed to the public until further notice with a reduced workforce in place. If you wish to submit a permit application remotely, please do so by emailing this completed form to B&SInfo@riversideca.gov. A Permit Technician will contact you with your projects submittal requirements based on the type of work proposed. If you need assistance completing this form, please contact us at (951)-826-5800 and we will respond as soon as possible.

<input type="checkbox"/>	Addition/Alteration	<input type="checkbox"/>	Combination Trades	<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Tenant Improvement	<input type="checkbox"/>	Home Remodel	<input type="checkbox"/>	New Building
<input type="checkbox"/>	Re-Roof over Existing	<input type="checkbox"/>	Re-Roof Remove & Replace	<input type="checkbox"/>	Re-Roof w/ New Sheathing

TYPE OF PERMIT APPLICATION

<input type="checkbox"/>	Residential	<input type="checkbox"/>	Commercial				
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Other:
Sq. ft:		Occupancy/Use:		Project Valuation: \$			
Fire Sprinklers: <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you using a City Standard? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Job Site Address:							
Project Description:							

APPLICANT INFORMATION

Name:									
Address:			City:		State:	Zip Code:			
Phone Number:				Email:					
What is your relation to the Project?									
<input type="checkbox"/>	Authorized Agent	<input type="checkbox"/>	Design Professional	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Property Owner	<input type="checkbox"/>	Tenant

PROPERTY OWNER INFORMATION

Name:							
Address:			City:		State:	Zip Code:	
Phone Number:				Email:			

CONTRACTOR'S INFORMATION

Company Name:					License #:		
Address:			City:		State:	Zip Code:	
Phone Number:				Email:			

SAVE