CONTRACTOR'S STUCCO
PERMIT APPLICATION

PERMIT #: _____
ZONING: _____

1. **TYPE OF PROJECT (*Check One*):** ☐ NEW ☐ REPAIR / REPLACEMENT
   LOCATION: ☐ FRONT ☐ SIDE ☐ REAR ☐ INTERIOR ☐ FENCE
2. **STRUCTURE USE:** ☐ COMMERCIAL ☐ RESIDENTIAL ☐ CHURCH ☐ OTHER: _____

3. **SITE ADDRESS:** _____ BLDG SQ. FT.: _____
   LEGAL DESCRIPTION: ACCOUNT #: _____ LOT(S): _____ BLK(S): _____
   SUBDIVISION: _____

4. **PROPERTY OWNER:** _____ PHONE: _____
   MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
   E-MAIL ADDRESS: _____

5. **TENANT / BUSINESS NAME:** _____ PHONE: _____
   MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

6. **CONTRACTOR:** _____ STATE LICENSE #: _____
   MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
   PHONE: _____ E-MAIL ADDRESS: _____

7. **PROJECT VALUATION:** $_____ *(Valuation is total construction cost)*

Stucco permit application required submittals and additional information:

1. An original signed application with both the property owner and contractor's original signature. (*Faxed, Scanned, E-mailed, or Incomplete Applications will not be accepted*).
2. Provide a written scope of work for your project.
3. Every permit shall become invalid unless work authorized is commenced within 6 months after approval.

FOR OFFICIAL USE ONLY

[DATE RECEIVED]

DO NOT WRITE IN THIS BOX

_____	_____	_____	_____
Property Owner / Authorized Representative	*Signature*	*Date*	*Phone*
Contractor / Authorized Representative / Title	*Signature*	*Date*	*Phone*