



County of Fresno

DEPARTMENT OF PUBLIC WORKS AND PLANNING
STEVEN E. WHITE, DIRECTOR

Telephone/Fax Permit Application Form

TELEPHONE/FAX PERMIT HOURS: 9:00 A.M. TO 3:00 P.M.
FAX NO. (559) 600-4200

TOTAL NO. OF PAGES BEING FAXED INCLUDING THIS COVER SHEET: _____
COMPANY NAME: _____ ACCOUNT NO: _____
DATE: _____ PERSON REQUESTING PERMIT: _____ PHONE NO: _____

PROJECT ADDRESS: _____
SECTION/TOWNSHIP/RANGE: S-____ T-____ R-____ NEAREST TOWN: _____
APN NUMBER: _____ - _____ - _____ NEAREST CROSS STREET: _____
PROPERTY OWNER INFORMATION:
NAME: _____ MAILING ADDRESS: _____
CITY: _____ ZIP: _____ PHONE NUMBER: _____
INSPECTION REQUEST DATE: _____
PROJECT DESCRIPTION: _____

PROVIDE THE FOLLOWING INFORMATION FOR ALL SEPTIC PERMITS:
TYPE OF PROJECT: New Replacement Repair (Tank, Leachline, Dry Well)
TYPE OF STRUCTURE: _____ DWELLINGS/NO. OF BEDROOMS: _____

ALL OTHER STRUCTURES:
NUMBER & TYPE OF FIXTURES: _____

PROVIDE THE FOLLOWING INFORMATION FOR ALL RE-ROOF PERMITS:
PITCH: _____ VALUE: _____ SQUARE FEET: _____

PROJECT LOCATION MAP:
For AG PUMPS or AG WIND MACHINES a map showing the location MUST be attached. Location map MUST show enough detail so that an inspector can easily find the project.

NOTE: PERMITS RECEIVED BY FAX AFTER THE 3:00 P.M. CUT-OFF TIME WILL NOT BE PROCESSED UNTIL THE FOLLOWING WORKDAY. THIS WILL ALSO EFFECT ANY INSPECTION REQUESTED.