



City Of Newman

Building Department

938 Fresno St. Newman, CA 95360

Phone: (209) 243-2353

Email: buildingdepartment@cityofnewman.com

Application Date: _____

Received Stamp: _____

Application for Revisions to Current Building Permit or Plan Review

(Must be complete, legible and accurate)

Current Building Permit Number: _____

Revision Description: _____

JOB ADDRESS: _____		CITY: NEWMAN, CA 95360	
PROJECT SQ. FT Revision: _____	Revision "ONLY" VALUATION: \$ _____		
Job Contact: _____	Phone: () _____		

OWNER NAME: _____		PHONE: _____	
ADDRESS: _____	CITY: _____	ZIP: _____	

CONTRACTOR: _____		PHONE:(____) _____	
ADDRESS: _____	CITY: _____	ZIP: _____	

ADDITIONAL PERMIT FEES

Building Permit	\$	Plan Check	\$	Planning	\$
				BALANCE DUE	\$

(office use only) **APPROVED BY:** _____

SIGNATURE

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

PRINT APPLICANT OR AGENT NAME: _____

APPLICANT OR AGENT SIGNATURE: _____ DATE: _____