



PLAN CHECK APPLICATION
CITY OF HIGHLAND BUILDING DIVISION
27215 BASELINE, HIGHLAND, CA 92346
(909) 864-8732

BULLETIN

January 2009

#1 IDENTIFY YOUR BUILDING PROJECT

SITE ADDRESS _____

TRACT _____ LOT NO. _____ ASSESSORS PARCEL NUMBER _____

OWNER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF WORK _____

SQUARE FEET _____ TYPE OF CONSTRUCTION _____ VALUATION _____

AGENTS NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NOTERIZED LETTER REQUIRED _____ YES _____ NO _____

OPTIONAL INFORMATION: FAX _____ EMAIL _____

CONTRACTOR, ARCHITECT AND ENGINEER INFORMATION

CONTRACTOR _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STATE LICENSE NO. _____ LICENSE TYPE _____ EXPIRE DATE _____

CITY LICENSE NO. _____ WORKMAN COMP INS. CO. _____

POLICY NO. _____ EXP. DATE _____ PHONE _____

ARCHITECT _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STATE LICENSE NO. _____ EXP. DATE _____

ENGINEER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STATE LICENSE NO. _____ EXP. DATE _____

THIS PLAN CHECK REVIEW SHALL EXPIRE BY TIME LIMITATION AND SHALL BECOME NULL AND VOID IF THE REVIEW PROCESS EXCEEDS 6 MONTHS FROM EACH SUBMITTAL OR IF NO PERMIT HAS BEEN ISSUED AFTER 6 MONTHS FROM APPROVAL.