



City of Hidden Hills

Building and Safety Department
6165 Spring Valley Road
Hidden Hills, California 91302
818-888-9281 • fax 818-719-0083

Permit and Plan Review Application

WORK SITE

Job Address: _____

APN: _____ LOT: _____ TRACT: _____

APPLICANT INFORMATION (The person filling out this form)

Applicant: _____ Contact person _____

Address: _____ Contact phone _____

City State Zip: _____

Phone: _____

Property Owners Name: _____ Owners phone: _____

DESIGNER'S INFORMATION (Architect or engineer only)

Engr/Arch: _____

Address: _____

City State Zip: _____

Phone: _____ Lic# _____

CONTRACTOR'S INFORMATION

Contractor: _____

Address: _____

City State Zip: _____

Phone: _____

License Number: _____ License Class _____

CIRCLE ALL THAT APPLY TO THIS PERMIT

Permit Type: Building Plumbing Electrical Mechanical

New Alter Addition Repair T.I. Demo Occupancy Permit

Remarks/Special Conditions/Project/Description

Valuation: \$ _____ Group ____ Class/Type _____ Fire Sprinklers Yes No

Description of work to be performed under this permit (elec/plumb/mech/etc.) Location Sq.ft.

1.		
2.		
3.		