

PROJECT LOCATION AND SCOPE

Date _____

Project Physical Address _____ Floor/Suite No. _____

Assessor's Parcel No. _____

Scope of Project/Describe Work

California Fire Code

State Fire Marshal Inspection

Defensible Space Review

APPLICANT INFORMATION

Applicant Name _____ Company _____

Phone* () _____ Email* _____

DESIGNER INFORMATION

Designer Name _____

Phone () _____ Email _____

I, the undersigned, understand approval of this project does not waive any requirements, laws, or ordinances of the City of Ventura. All statements contained herein, including all documents and plans submitted in connection with this application, are true and accurate to the best of my knowledge.

Signature of Applicant/Owner _____ *Date* _____

Submit Application to: www.cityofventura.ca.gov/SubmitYourApplication - Contact: (805) 654-7869