



PLAN CHECK APPLICATION
 TRIBAL PLANNING AND DEVELOPMENT
 5401 DINAH SHORE DRIVE
 PALM SPRINGS, CA 92262
 (760) 699-6800
 FAX (760) 325-6952

PERMIT NO.
TYPE OF PROJECT

(Please type or print clearly using ink)

APPLICANT INFORMATION	OWNER INFORMATION
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Name:	_____	Name:	_____
Address:	_____	Address:	_____
City, Zip Code:	_____	City, Zip Code:	_____
Phone/Pager:	_____	Phone:	_____
City Bus Lic #:	_____	Bus Lic#:	_____

BUILDING INFORMATION	ENGINEERING/ARCHITECT INFORMATION
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Address:	_____	Name:	_____
APN:	_____	Address:	_____
Lot:	_____	City, Zip Code:	_____
Cross Street:	_____	Phone:	_____
Tract/Parcel:	_____	Lic #:	_____
Valuation:	_____	City Bus Lic #:	_____

PROJECT INFORMATION	CONTRACTORS INFORMATION
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Structure:	_____ Sq. Ft.	Contractor:	_____
Garage:	_____ Sq. Ft.	Address:	_____
Patio:	_____ Sq. Ft.	City, Zip Code:	_____
Porch:	_____ Sq. Ft.	Phone/Pager:	_____
Other:	_____ Sq. Ft.	Bus Lic #:	_____
		Lic #:	_____
		Lic Class:	_____

ZONING	SETBACKS	GRADING
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Zoning: _____	Front Yard: _____	Over X: _____
Land Use: _____	Side Yard: _____	Cut: _____
Plan: _____	Rear Yard: _____	Fill: _____
Occ: _____	SSY: _____	Total: _____
Type: _____		

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____ Expiration Date: _____

Section need not be completed if permit is for one hundred dollars(\$100.00) or less

I Certify I have read this application and state that the above information is correct. I agree to comply with all Tribal Ordinances and hereby authorize representatives of the Tribe to enter upon the above mentioned property for inspection purposes.

Date _____ Signature _____

Date Received	Approved By	Fees Received	Receipt No.	GL Acct. No.
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