



**PLAN CHECK APPLICATION**  
TRIBAL PLANNING AND DEVELOPMENT  
5401 DINAH SHORE  
PALM SPRINGS, CA 92264  
Phone (760) 699-6800 FAX (760) 699-6822

ACBCI ONLY  
PERMIT NO. \_\_\_\_\_  
ACBCI ONLY  
TYPE OF PROJECT \_\_\_\_\_

(Please type or print clearly using ink)

**APPLICANT INFORMATION**

**OWNER INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Phone/Pager: \_\_\_\_\_  
City Bus Lic #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Bus Lic#: \_\_\_\_\_

**BUILDING INFORMATION**

**ENGINEERING/ARCHITECT INFORMATION**

Address: \_\_\_\_\_  
APN: \_\_\_\_\_  
Lot: \_\_\_\_\_  
Cross Street: \_\_\_\_\_  
Tract/Parcel: \_\_\_\_\_  
Valuation: \_\_\_\_\_  
Plan Check Fee: \_\_\_\_\_  
Inspection Fee: \_\_\_\_\_  
Planning Admin Fee: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Lic #: \_\_\_\_\_  
City Bus Lic #: \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**PROJECT INFORMATION**

**CONTRACTOR'S INFORMATION**

Structure: \_\_\_\_\_ Sq. Ft.  
Garage: \_\_\_\_\_ Sq. Ft.  
Patio: \_\_\_\_\_ Sq. Ft.  
Porch: \_\_\_\_\_ Sq. Ft.  
Other: \_\_\_\_\_ Sq. Ft.

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip Code: \_\_\_\_\_  
Phone/Pager: \_\_\_\_\_  
Bus Lic #: \_\_\_\_\_  
Lic #: \_\_\_\_\_  
Lic Class: \_\_\_\_\_

**ZONING**

**SETBACKS**

**GRADING**

Zoning: \_\_\_\_\_  
Land Use: \_\_\_\_\_  
Plan: \_\_\_\_\_  
Occ: \_\_\_\_\_  
Type: \_\_\_\_\_

Front Yard: \_\_\_\_\_  
Side Yard: \_\_\_\_\_  
Rear Yard: \_\_\_\_\_  
SSY: \_\_\_\_\_

Over X: \_\_\_\_\_  
Cut: \_\_\_\_\_  
Fill: \_\_\_\_\_  
Total: \_\_\_\_\_

**APPLICANT'S INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Expiration  
Policy Number: \_\_\_\_\_ 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received	Received By	Fees Received	Receipt No.	GL Acct. No.
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## SCOPE OF WORK

[illegible]