



**CITY SERVICES DEPARTMENT**

**P: (559) 562-7102 Ext 4 F: (559) 562-5748**

**P.O. Box 369 · 150 N. Mirage, Lindsay, CA 93247**

**APPLICATION FOR PERMIT/PLAN CHECK**

<b>PROJECT ADDRESS:</b>	_____
Project Description:	_____
APN:	_____
Project Valuation:	_____

<b>APPLICANT'S NAME:</b>	_____
Applicant's Address:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____

<b>PROPERTY OWNER:</b>	_____
Property's Address:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____

<b>CONTRACTOR:</b>	_____
Contractor's Address:	_____
City, State, Zip:	_____
Phone:	_____
State License #:	_____ Classification: _____
Email:	_____

<b>ARCHITECT OR ENGINEER:</b>	_____
Architect/Engineer's Address:	_____
City, State, Zip:	_____
Phone:	_____
Email:	_____

**SUBMITTAL REQUIREMENTS**

- Residential Project Use Attachment A
- Commercial Project Use Attachment B
- Swimming Pool Project Use Attachment C
- Solar Project Use Attachment D
- Window Replacement Attachment E
- Sign Permit Attachment F

**WORK TO BE PERFORMED BY:**

Owner Builder  Contractor

**City Ordinances**

1. City of Lindsay Ordinance 538 Section 12.30 - Pursuant to section 5610 of the Streets and Highways Code, landowners adjacent to public sidewalks are responsible for maintaining such sidewalks in such condition that the sidewalk will not endanger persons or property or interfere with the public convenience in its use.
2. City of Lindsay Ordinance Chapter 12 Section 12.20.010 - All trees and shrubs adjacent to the streets of the city shall be pruned and trimmed by the adjacent property owner in such a manner that the branches thereof shall not hang below a height of eight and one-half feet above the top of the curb of the city street, and seven feet over the top of the sidewalk.

By submitting for the plan check process, I agree that I am responsible for all Permit and Plan Check Fees. I also acknowledge that I have read and understood the Special Notes in regards to City of Lindsay Ordinances.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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 Site Plan Review YES  NO  Received By: \_\_\_\_\_ Date: \_\_\_\_\_