

City of Gonzales 147 Fourth St P.O. Box 647 Gonzales, CA 93926 Ph. 831-675-5000 | Fax 831-675-2644 Email: buildingofficial@ci.gonzales.ca.us

APPLICATION AND REPORT OF BUILDING RECORDS

Applicant Name:				APN:	APN:		
Property Report Address: Phone					•		
Requestor's Email Add	dress:			,			
Pl	ease return th	is form	with your \$50.00 fee, pa	yable to City of G	onzales		
piece of property. The Ci	ty <u>Inspector do</u> s may exist tha	es not p	sure of the public records erform a field inspection of v is unaware of. For copie	of the subject proper	ty when prep	oaring this report,	
Applicant Signature: _				Date:			
			For City's Use ONLY				
		<u>BU</u>	ILDING PERMIT REC	<u>ORD</u>			
Permit Number	Date		Work Description		# Units	Finalized	
AUTHORIZED USE: Residential, Commercial, or Industrial:					ZONE:		
CODE VIOLATION A	ND ENFOR	CEMEN	T ACTIONS:				
Description of the Viola	tion or "None	,,					
Was the violation resolv	ed or still outs	tanding!)				
DISCRETIONARY PI	ERMITS An	у Тетро	rary or Conditional Use I	Permits issued?			
Any known restrictions	or conditions o	of the use	of the property?				
By:			Date:	Title:			
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ADDITIONAL BUILDING PERMIT RECORDS								
Permit Number	Date	Work Description	# Units	Finalized				