



TOWN OF ROSS

Building Department

P.O. Box 320

Ross, CA 94957

Telephone (415) 453-1453 Fax (415) 460-9761

PLAN CHECK SUBMITTAL APPLICATION

(Please Print Clearly)

Application Date: _____

Job Address:		APN:
Applicant:		Contractor:
Address:		Address:
City:	State	Zip
Telephone:		Telephone:
Fax or Email:		State License No.
Property Owner:		Architect:
Address (PO Box in Ross):		Address:
City:	State	Zip
Telephone:		Telephone:
Email:		Fax or Email:
USE AND DESCRIPTION OF PROPOSED WORK		
Description of Work:		
Valuation/Cost Estimate:		
Main House:		
ADU:		

CERTIFICATION AND SIGNATURES

I, the applicant, do hereby declare under penalty of perjury that the facts and information contained in this application, including any supplemental forms and materials, are true and accurate to the best of my knowledge.

Applicant's Signature: _____

Date: _____