

CALAVERAS COUNTY BUILDING DEPARTMENT

One (1) Inspection Request per fax please

APN / PERMIT #: _____ DATE: _____

DATE YOU WANT INSPECTION: _____

TYPE OF INSPECTION: _____

OWNERS LAST NAME: _____

JOB ADDRESS: _____ LOT #: _____

YOUR PHONE NUMBER: _____

COMMENTS: _____

FAX MUST BE RECEIVED BY 7:30 am Day of Inspection
Building Department (209) 754-6396 fax

FAX INSPECTION REQUEST