



**City of Rocklin Building Division**

3970 Rocklin Road Rocklin CA 95677 (916) 625-5120 Fax (916)625-5195

**PROJECT CONTACT INFORMATION**

In order to assure project correspondence is transmitted to the appropriate person, all comments or questions will be forwarded to the contact person designated below. It is important the Building Department be notified if the contact person changes.

Project Name: \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Contact Information:

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact's Relationship to Project:

- Applicant
- Contractor
- Engineer/Architect/Designer
- Property Owner
- Other: \_\_\_\_\_

**OFFICE USE ONLY**

Building Permit # \_\_\_\_\_ Application Date: \_\_\_\_\_

Comments to be:

- Mailed
- Faxed
- E-mailed
- Courtesy phone call when comments are ready

Special Instructions:

Empty box for special instructions and other office use only details.