



Office Use Only
Permit # _____
Date Paid _____
Received by _____

**City of Tehachapi Building Department**

**LANDSCAPING PERMIT APPLICATION**

**Job Site Address:** \_\_\_\_\_ **Valuation:** \_\_\_\_\_ **APN:** \_\_\_\_\_

<b>Contact Person:</b>	<input type="checkbox"/> Applicant?
Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone #: _____ Email: _____	

<b>Property Owner:</b>	<input type="checkbox"/> Applicant?
Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone #: _____ Email: _____	

<b>Contractor Information:</b>	<input type="checkbox"/> Applicant?
Business Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone #: _____ Email: _____	
License Type: _____ License Number: _____ Business License #: _____	

<b>Design Professional:</b> (Architect/Engineer)	<input type="checkbox"/> Applicant?
Business Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone #: _____ Email: _____	
License Type: _____ License Number: _____ Business License #: _____	

Associated Project Application (TTM, AD&SPR, CUP): \_\_\_\_\_

Along with the Planting and Irrigation plans\*\*, Applicant will submit a completed Landscape Design Checklist, downloadable by visiting the Documents page of the City of Tehachapi Planning Department. Plans should comply, when applicable, with this checklist.

\*\*Plan must be stamped by a Landscape Architect or Landscape Contractor having a C-27 license.

**CERTIFICATION**

I hereby certify that I have authority to make the foregoing application, the information contained herein is correct and that the construction will comply with all applicable codes and regulations adopted by the City of Tehachapi.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_