



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES

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REQUEST FOR PERMIT INFORMATION

Request Submitted By (Name): _____

Contact Information (phone & email): _____

Address, APN, or Permit Number: _____

Please select from the following items.

I would like: ☐ Status of permit ☐ Appointment to pick up permit ☐ Cancel Permit

☐ Speak to an Inspector ☐ Reinstate my permit ☐ Extend my permit

☐ Other, please describe: _____

For Office Use Only:

Received By: _____ Date completed: _____

Comments: _____