



City of El Cajon
Building & Fire Safety Division
200 Civic Center Way
El Cajon, CA 92020
619-441-1726

NON-Refundable Fee Authorization

Permit: _____ APN: _____

Job Address: _____

Owner Name: _____

Mailing Address: _____

Phone: _____

E-Mail: _____

I/We request the plan check work to proceed without waiting for clearance from any other department that could have a hold on this permit. I/We understand that once plan check work is started by the Building Division, there will be **NO REFUND** of the plan check fee. Should the plans change from this submittal, an additional plan check fee may be required.

THIS APPLICATION WILL EXPIRE IN 180 DAYS.

Applicant Signature

Date: _____

Applicant Print Name