PROJECT CONTACT INFORMATION

PROJECT INFORMATION	
JOB ADDRESS	
PERMIT NUMBER	INSPECTOR
PROJECT SUPERINTENDENT	
NAME	
COMPANY	PHONE*
PROJECT MANAGER	
NAME	
PHONE*	
OWNER OR OWNER REPRESE	NTATIVE
NAME	
PHONE*	
24 HOUR EMERGENCY CONTACT NAME	24 HOUR EMERGENCY CONTACT PHONE*
CONSTRUCTION SITE SECURITY NOTIFICATION	
(applies to residential development of 25 or more units, nor	n-res. Development of 50,000 or more sf)
This project is subject to property identification section 5-9-521.C.3.d (Building Inspector to initial if statement is true)	on requirements per Construction Site Security Plan requirements of IMC
Distribution: Inspection team supervisor; permit spe	ecialist; Crime Prevention if statement initialed via PDF to:
slind@ci.irvine.ca.us; jcondon@ci.irvine.ca.us	