



Butte County Department of Development Services
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FORM NO
DBP- 14

SCOPE OF WORK

SITE APN: _____ **PERMIT NO:** _____

SITE ADDRESS: _____

DETAIL SCOPE OF WORK: _____

PREPARED BY: _____ **DATE:** _____

(PRINT NAME)

SIGNATURE: _____

TITLE: _____

FOR OFFICE USE ONLY

RECEIVED BY: _____

Revised 4.22.21