



CITY OF FORTUNA
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING & SAFETY DIVISION
621 11th Street - Fortuna, California 95540
(707) 725-7600 Fax (707) 725-7610

RESIDENTIAL
BUILDING PERMIT APPLICATION

PROJECT INFORMATION:	
Project Address: _____	Building/Suite #: _____ APN: _____
APPLICANT: (Individual to be contacted regarding status?) <input type="checkbox"/> Agent/Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Arch/Design <input type="checkbox"/> Eng	
Applicant & CO. Name: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
City/State/Zip: _____	E-mail: _____
BUILDING / PROPERTY OWNER:	
Owners & CO. Name: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
City/State/Zip: _____	E-mail: _____
Workman's Compensation Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No →	Policy #: _____
Will the Owner have any <u>Employee's</u> working on the jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No →	Insurance Co. _____
CONTRACTOR: (As on License)	
Contractor's Name: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
City/State/Zip: _____	E-mail: _____
California State License: _____	License Class: _____ Exp. Date _____
Fortuna Business Lic.: _____	License Class: _____ Exp. Date _____
Workman's Compensation Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number: _____ On file with CSLB? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Owner/ Tenant / Contractor have any <u>Employee's</u> working on the jobsite? <input type="checkbox"/> Yes <input type="checkbox"/> No →	Insurance Co. _____
ARCHITECT / DESIGNER: (As on License)	
Architect & CO. Name: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
City/State/Zip: _____	E-mail: _____
California State License: _____	Exp. Date _____
ENGINEER: (As on License)	
Engineer & CO. Name: _____	Phone #: _____
Mailing Address: _____	Fax #: _____
City/State/Zip: _____	E-mail: _____
California State License: _____	Exp. Date _____
APPLICANT SIGNATURE: _____	DATE: _____

