



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

**RESIDENTIAL**  
**BUILDING PERMIT APPLICATION**

<b>PROJECT INFORMATION:</b>			
Project Address: _____	Building/Suite #: _____	APN: _____	
<b>APPLICANT:</b> (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: _____		
<b>BUILDING / PROPERTY OWNER:</b>			
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. _____		
<b>CONTRACTOR:</b> ( 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. _____		
<b>ARCHITECT / DESIGNER:</b> ( As on License )			
Architect & CO. Name: _____	Phone #: _____		
Mailing Address: _____	Fax #: _____		
City/State/Zip: _____	E-mail: _____		
California State License: _____	Exp. Date _____		
<b>ENGINEER:</b> ( As on License )			
Engineer & CO. Name: _____	Phone #: _____		
Mailing Address: _____	Fax #: _____		
City/State/Zip: _____	E-mail: _____		
California State License: _____	Exp. Date _____		

<b>APPLICANT SIGNATURE:</b> _____	<b>DATE:</b> _____
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**PROPOSED PROJECT IS FOR:**

**NEW RESIDENCE**

**RESIDENTIAL ADDITION/REMODEL**

- Living Area \_\_\_\_\_ SF Note: \_\_\_\_\_
- Garage  Carport \_\_\_\_\_ SF  Attached  Detached
- Decks \_\_\_\_\_ SF Note: \_\_\_\_\_
- Covered Entry/Patio \_\_\_\_\_ SF Note: \_\_\_\_\_
- Other \_\_\_\_\_ SF Explain: \_\_\_\_\_

<p><b><u>TYPE OF BUILDING CONSTRUCTION BEST DESCRIBES PROJECT:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wood framed building</li> <li><input type="checkbox"/> Masonry <input type="checkbox"/> Reinforced Concrete</li> <li><input type="checkbox"/> Structural Steel <input type="checkbox"/> Pre-Engineered building</li> <li><input type="checkbox"/> Concrete Tilt Up <input type="checkbox"/> Insulated Concrete Forms</li> <li><input type="checkbox"/> Manufactured <input type="checkbox"/> Modular</li> <li><input type="checkbox"/> Other: (Description) _____</li> </ul>	<p><b><u>M-E-P's (Mechanical, Electrical, Plumbing) and/or RE-ROOFING</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Panel change out /Upgrade <input type="checkbox"/> Electrical System</li> <li><input type="checkbox"/> Water Heater <input type="checkbox"/> Change out plumbing</li> <li><input type="checkbox"/> HVAC/ Fireplace / Woodstove</li> <li><input type="checkbox"/> Gas Line <input type="checkbox"/> Water supply line</li> <li><input type="checkbox"/> Pitch of Roof: _____ No. of Square: _____ Type of Materials: _____</li> <li><input type="checkbox"/> Other: (Description) _____</li> </ul>
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**Plumbing Fixture Units:**  
 Existing Fixture Units to stay: \_\_\_\_\_ New Fixture Units: \_\_\_\_\_ Removed/Demoed Fixture units: \_\_\_\_\_

**Miscellaneous Items:**  
 Provide a written estimate of the total construction costs including all labor and material for the proposed work. \$ \_\_\_\_\_  
 Is the structure within the Business District? \_\_\_\_\_  
 Is fire-resistive construction required because of proximity to property lines? \_\_\_\_\_ Fire Sprinkler System? \_\_\_\_\_  
 Setbacks: FRONT \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_ BACK \_\_\_\_\_  
 Flood plane:  Yes  No *If the building is in the flood plane please provide Flood Plans information*

**PLEASE PROVIDE A DETAILED SCOPE OF WORK IN ALL CASES:**

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I hereby apply for a building permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of California, California Building Codes and the City of Fortuna Municipal Codes. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I understand that if work is started without a permit I can be held liable for penalties, fines, jail, and that I may have to remove the work that has been done for inspection or permanently remove the construction that was done without a permit at my own cost.

I certify that the work will be in accordance with all permit conditions, approved plans and applicable laws & codes.

**APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_