



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

COMMERCIAL
BUILDING PERMIT APPLICATION

PROJECT INFORMATION:			
Project Address:	_____	Building/Suite #:	_____ APN: _____
Existing Use:	_____	Proposed Use:	_____
APPLICANT: (Individual to be contacted regarding status?) <input type="checkbox"/> Agent/Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Arch/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:	_____
TENANT:			
Tenant's Name:	_____	Phone #:	_____
Mailing Address:	_____	Fax #:	_____
City/State/Zip:	_____	E-mail:	_____
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: (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:	

TYPE OF IMPROVEMENTS: <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Tenant Build out (first time) <input type="checkbox"/> Damage Repair <input type="checkbox"/> Demolition (interior) <input type="checkbox"/> Demolition of Structure <input type="checkbox"/> Other - Description: <input type="checkbox"/> Other: <input type="checkbox"/> Other:	OCCUPANCY (If mixed use please X all that apply): A Assembly: A-1 A-2 A-3 A-4 A-5 B Business : B E Educational: F Factory: F-1 F-2 H Hazardous: H-1 H-2 H-3 H-4 H-5 I Institutional: I-1 I-2 I-2.1 I-3 I-4 M Mercantile: M R Residential: R-1 R-2 R-3 R-3.1 R-4 S Storage: S-1 S-2 U Utility: U						CONSTRUCTION TYPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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AREA USAGE:

Use: _____ Floor Area (sf): _____

Use: _____ Floor Area (sf): _____

Use: _____ Floor Area (sf): _____

TOTAL FLOOR AREA (SF): _____

BUILDING CONSTRUCTION BEST DESCRIBES PROJECT: <input type="checkbox"/> Wood framed building <input type="checkbox"/> Masonry <input type="checkbox"/> Insulated Concrete Form System <input type="checkbox"/> Pre-fabricated Structure(s) <input type="checkbox"/> Manufactured <input type="checkbox"/> Structural Steel / Pre-Engineered building <input type="checkbox"/> Other: (Description) _____	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Concrete Tilt Up <input type="checkbox"/> Panelized System(s) <input type="checkbox"/> Modular	M-E-P's (Mechanical, Electrical, Plumbing) and/or RE-ROOFING <input type="checkbox"/> Electrical Panel change out <input type="checkbox"/> Electrical system <input type="checkbox"/> Fireplace / Woodstove <input type="checkbox"/> Water Heater <input type="checkbox"/> Change out plumbing <input type="checkbox"/> Other: (Description) _____ <input type="checkbox"/> Roofing Material: _____ Pitch of Roof: _____ Squares: _____	<input type="checkbox"/> Upgrade <input type="checkbox"/> Outlets <input type="checkbox"/> HVAC <input type="checkbox"/> Gas line <input type="checkbox"/> Waterline
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Plumbing Fixture Units:

Existing Fixture Units to stay: _____ Removed/Demoed Fixture Units: _____ New Fixture Units: _____

Miscellaneous Items:

Provide a written estimate of the total construction costs including all labor and material for the proposed work. \$ _____

Is structure within the Business District? _____

Is fire-resistive construction required because of proximity to property lines? _____

Hazard Classifications: Yes No Fire Protection features: Sprinklers; Stand pipes, Alarms, etc.: _____

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:

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:** _____