



City of Colusa Building Permit Application



Job Site Address

Parcel Number

Property Owner Name/Mailing Address/Phone Number

DETAILED DESCRIPTION OF WORK TO BE DONE

_____ \$ _____
Total Square Feet Valuation of Project

CONTRACTOR & ARCHITECT INFORMATION

_____ Mailing Address Phone Number
Name of Contractor

_____ Contractors Lic. #/Class/Experation Date
City Business Lic. #/Experation

_____ Experation
Worker's Comp Carrier Policy Number

_____ Mailing Address Phone Number
Name of Architect

_____ License Number/Experation

_____ Date Submitted
Signature of Applicant

For Official Use Only

Planning Department Use Only

Development Impact Fees Required:
_____ Yes _____ No

Zoning: _____

Use Allowed: _____ Yes _____ No

Green Sheet Required
_____ Yes _____ No

Date: _____

Printed Name: _____

Signature: _____