



Fire Chief/O.E.S. Director
RANDALL L. DUNN

CITY OF COLUSA FIRE DEPARTMENT

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Fire and Building Inspector: (530) 458-5890

BUILDING PERMIT APPLICATION

PROJECT INFORMATION

Address of Job

Parcel Number

Property Owner Name/Mailing Address/Phone Number

DETAILED DESCRIPTION OF WORK TO BE DONE

Estimated Valuation of Project \$ _____

CONTRACTOR & ARCHITECT INFORMATION

Name of Contractor

Mailing Address

Phone Number

City Business License Number/Expiration

Contractors License Number/Class/Expiration Date

Worker's Comp Carrier

Policy Number

Expiration

Name of Architect

Mailing Address

Phone Number

License Number/Expiration

Signature of Applicant

Date Submitted

For Official Use Only

Planning Department Use Only

Development Impact Fees Required:

Zoning: _____ Use Allowed: ___ Yes ___ No

___ Yes ___ No

Date: _____

School Fees Required: ___ Yes ___ No

Printed Name: _____

Signature: _____

Any demolition permit must be first approved by Planning Department & Heritage Preservation Committee.