



City of Colusa Building Permit Application

For Official Use Only

Development Impact Fees
Required: Yes _____ No _____
Green Sheet
Required: Yes _____ No _____

425 Webster Street Colusa, CA 95932

(530) 458-4740 Fax (530) 458-8674

Today's Date: _____

Job Site Address: _____ Parcel Number: _____

Property Owner Name: _____ Phone Number: _____

Mailing Address: _____

Detailed Description of Work to be done

CIRCLE ONE: Concrete/Block: Yes No Framing: Yes No Roofing: Yes No

Interior Only: Yes No Electrical or Plumbing: Yes No

Total Square Feet of Project Area: _____

Valuation of Project: \$ _____

Contractor & Architect Information

Name of Contractor: _____

Mailing Address: _____ Phone Number: _____

City Business Lic. #/Expiration: _____

Contractors Lic. #/Class/Expiration: _____

Worker's Comp Carrier: _____ Policy #: _____ Expiration: _____

Name of Architect (if applicable): _____

Mailing Address: _____ Phone Number: _____

Lic. #/Expiration: _____

Signature of Applicant

Date Submitted

Planning Department Use Only

Zoning: _____ Use Allowed: Yes _____ No _____

Printed Name: _____ Signature: _____

Date: _____