



**CITY OF HEALDSBURG**  
**Planning and Building Department**  
 401 Grove Street  
 Healdsburg, CA 95448  
 Phone: 707/431-3346  
 Fax: 707/431-2710  
*visit us at [www.ci.healdsburg.ca.us](http://www.ci.healdsburg.ca.us)*

**BUILDING PERMIT APPLICATION**

<b>PROJECT ADDRESS</b>	
Number & Street Name	Application No. & Date Received (For office use only)

<b>WORK DESCRIPTION</b> Briefly describe the scope of work:  	<b>USE OF BUILDING:</b> <b>Existing Use:</b> <input type="checkbox"/> Single Family Dwelling/ADU/Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Non-Residential <input type="checkbox"/> Other: <hr/> <b>Proposed Use:</b> <input type="checkbox"/> Single Family Dwelling/ADU/Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Non-Residential <input type="checkbox"/> Other
<b>PROJECT VALUATION: \$</b>	

<b>APPLICANT</b>		
Name	Email	@
Number & Street Name	City, State & Zip Code	Phone Number

<b>PROPERTY OWNER</b>		
Name	Email	@
Number & Street Name	City, State & Zip Code	Phone Number

<b>CONTRACTOR COMPANY:</b> _____		<b>CSLB No.:</b> _____
Contact	Email	@
Number & Street Name	City, State & Zip Code	Phone Number
Worker's Compensation Carrier	Policy Number	Expiration Date

**Owner/Builder.** Owner-Builder Declaration will be required prior to the permit being issued.

<b>ARCHITECT COMPANY:</b> _____		
Contact	Email	@
Number & Street Name	City, State & Zip Code	Phone Number

**DESIGNER COMPANY:** \_\_\_\_\_

@

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Email

\_\_\_\_\_  
Number & Street Name

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Phone Number

**ENGINEERING COMPANY:** \_\_\_\_\_

@

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Email

\_\_\_\_\_  
Number & Street Name

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Phone Number