



**CITY OF HEALDSBURG**  
**Planning and Building Department**

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 Visit us at [www.healdsburg.gov](http://www.healdsburg.gov)

**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
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<b>PROJECT VALUATION: \$</b> _____	
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<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