



**BUILDING APPLICATION FORM**  
**Humboldt County Building Department**

Building Inspection Division 3015 H Street Eureka, CA 95501-4484  
Phone (707) 445-7245 Fax (707) 445-7446

**SECTION I**

**APPLICANT** (Project will be processed under Business Name, if applicable.)

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alt. Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

**CONTRACTOR** (Project will be processed under applicant name, if applicable.)

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Lic. #: \_\_\_\_\_  
Email: \_\_\_\_\_

**OWNER(S) OF RECORD** (If different from applicant)

Business Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alt. Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

**AGENT** (Communications from Department will be directed to agent)

Business Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alt. Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

**LOCATION OF PROJECT**

Site Address: \_\_\_\_\_  
Community Area: \_\_\_\_\_

Assessor's Parcel No(s): \_\_\_\_\_  
Parcel Size (acres or sq. ft.): \_\_\_\_\_

**SPECIFICATIONS OF PROJECT**

List of Existing Structures:

List of Proposed Structures:

Existing Square Footage:

Proposed Square Footage:

# of Additional Plumbing Fixtures: \_\_\_\_\_  
# of Bedrooms: \_\_\_\_\_

Accessory Dwelling Unit (ADU)?  Yes  No  
Fire Sprinklers Required?  Yes  No

**FUNDED BY**

Federal  State  N/A

**SECTION II**

**PROJECT DESCRIPTION**

Describe the proposed project (attach additional sheets as necessary):

**SECTION III**

**OWNER'S AUTHORIZATION & ACKNOWLEDGEMENT**

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

**This side completed by Building Staff**

Checklist Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION**

| Item   | Received                 | Item   | Received                 |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Application fees & plan check deposit \$ _____  | <input type="checkbox"/> | <input type="checkbox"/> Please note: If the property ownership is within a Corporation or LLC, you may not qualify for the AOB program (see AOB Ordinance for qualification requirements) | <input type="checkbox"/> |
| <input type="checkbox"/> Plot Plan (4 copies—see attached checklist)   | <input type="checkbox"/> | <input type="checkbox"/> AOB (See AOB checklist)   | <input type="checkbox"/> |
| <input type="checkbox"/> Residential construction plans (2 complete sets of construction plans—see checklist)                                    | <input type="checkbox"/> | <input type="checkbox"/> (3) Floor plans   | <input type="checkbox"/> |
| <input type="checkbox"/> Commercial construction plans (3 complete sets of construction plans—see checklist) by a licensed Architect or Engineer | <input type="checkbox"/> | <input type="checkbox"/> (2) Elevations  | <input type="checkbox"/> |
| <input type="checkbox"/> Additional floor plan for the Assessor's Office   | <input type="checkbox"/> | <input type="checkbox"/> (4) Site plans  | <input type="checkbox"/> |
| <input type="checkbox"/> Community Service District (CSD): _____   | <input type="checkbox"/> | <input type="checkbox"/> (2) Energy calculations (title 24 requirements)   | <input type="checkbox"/> |
| <input type="checkbox"/> On-site wastewater treatment system (septic) application & design (if applicable)                                       | <input type="checkbox"/> | <input type="checkbox"/> (1) CSD Letter if within District   | <input type="checkbox"/> |
| <input type="checkbox"/> On-site water information (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> R1 / R2 Report (Geologic/Soils Report, 2 copies with original signatures if applicable)   | <input type="checkbox"/> |
| <input type="checkbox"/> Municipal Separate Storm Sewer System (MS4)   | <input type="checkbox"/> | <input type="checkbox"/> Subdivision soils report (if applicable)  | <input type="checkbox"/> |
| <input type="checkbox"/> Ground mounted PV systems: (2) solar design plans   | <input type="checkbox"/> | <input type="checkbox"/> Demolition  | <input type="checkbox"/> |
| <input type="checkbox"/> Ag exempt (letter of intent)  | <input type="checkbox"/> | <input type="checkbox"/> Current photo of structure  | <input type="checkbox"/> |
| <input type="checkbox"/> Letter of Intent signed by property owner   | <input type="checkbox"/> | <input type="checkbox"/> Historical review   | <input type="checkbox"/> |
| <input type="checkbox"/> Floor Plan for Electrical & Plumbing layouts of each building   | <input type="checkbox"/> | <input type="checkbox"/> PG&E letter   | <input type="checkbox"/> |
| <input type="checkbox"/> Flood elevation certification (if applicable)   | <input type="checkbox"/> | <input type="checkbox"/> Location of debris letter   | <input type="checkbox"/> |
| <input type="checkbox"/> Grant Deed  | <input type="checkbox"/> | <input type="checkbox"/> Services District Letter  | <input type="checkbox"/> |
| <input type="checkbox"/> Current <input type="checkbox"/> Creation   | <input type="checkbox"/> | <input type="checkbox"/> Commercial Demolition   | <input type="checkbox"/> |
| <input type="checkbox"/> Copy of contract or application form signed by owner  | <input type="checkbox"/> | <input type="checkbox"/> Contract with valuation   | <input type="checkbox"/> |
|  |                          | <input type="checkbox"/> Air quality clearance   | <input type="checkbox"/> |
|  |                          | <input type="checkbox"/> Address application (if new residence)  | <input type="checkbox"/> |
|  |                          | <input type="checkbox"/> Other _____   | <input type="checkbox"/> |
|  |                          | _____  | <input type="checkbox"/> |
|  |                          | <input type="checkbox"/> Other _____   | <input type="checkbox"/> |
|  |                          | _____  | <input type="checkbox"/> |
|  |                          | <input type="checkbox"/> Other _____   | <input type="checkbox"/> |
|  |                          | _____  | <input type="checkbox"/> |

**FOR INTERNAL USE**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Coastal Development Permit Required<br><input type="checkbox"/> Administrative<br><input type="checkbox"/> State<br>Application # _____ | <input type="checkbox"/> SRA (State Regulated Area)<br><input type="checkbox"/> Structure existing before 1992?<br><input type="checkbox"/> Structure existing before 2008?<br><input type="checkbox"/> Exemption request<br>Date/App# _____ | <input type="checkbox"/> Subdivision<br><input type="checkbox"/> Approved soils report (2 copies)<br><input type="checkbox"/> Determination of status<br><input type="checkbox"/> School district fee \$ _____<br><input type="checkbox"/> Fire district fees \$ _____<br><input type="checkbox"/> Address application/fee |
| <input type="checkbox"/> Business license application # and/or name of the business:<br>_____<br>(Commercial projects only)                                      |  |  |