



BUILDING PERMIT APPLICATION

COUNTY OF ADAMS

12200 NORTH PECOS STREET WESTMINSTER, COLORADO 80234

JOB ADDRESS
SECTION
T.
S. R.
W. USE ZONE

PLEASE PRINT

1 JOB ADDRESS		CITY		ZIP
2 LEGAL DESCRIPTION: INCLUDE SUBDIVISION, FILING NO., BLOCK, LOT IF APPLICABLE				
3 OWNER		LAST NAME	FIRST NAME	PHONE #
4 SETBACKS FROM PROPERTY LINES		N	S	E W
5 ARCHITECT OR DESIGNER OR ENGINEER		MAIL ADDRESS	PHONE	LICENSE NO.
6 CONTRACTOR		MAIL ADDRESS	PHONE	REGISTRATION NO.
7 PLUMBING CONTRACTOR		MAIL ADDRESS	PHONE	REGISTRATION NO.
8 USE OF BLDG. OR IMPROVEMENT (IF CHANGE IN USE ATTACH DETAILED DESCRIPTION) CHECK ONE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL				
9 CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH <input type="checkbox"/> CHANGE IN USE				
10 DESCRIBE WORK:				
11 SPECIAL CONDITIONS: (FOR OFFICE USE ONLY)				

EXAMPLE ONLY

12 VALUATION OF WORK: \$ (COST OF LABOR AND MATERIALS)		BELOW AREA FOR OFFICE USE ONLY		
TYPE OF HEATING FUEL:		TYPE OF CONST.	OCCUPANCY GROUP	SIZE OF BLDG. (TOTAL) SQ. FT.
TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		FIRE ZONE	NO. OF STORIES	MAX OCC. LOAD
TYPE OF WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		NO. OF DWELLING UNITS	NO. OF BEDROOMS	NO. OF BATHROOMS
		FIRE SPRINKLERS REQ. YES NO	OFFSTREET PARKING SPACES COVERED UNCOVERED	

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

WARNING: THE ISSUANCE OF THIS BUILDING PERMIT DOES NOT ABRIDGE, CANCEL OR AUTHORIZE VIOLATION OF PRIVATE RIGHTS, COVENANTS OR RESERVATIONS WHICH MAY BE ASSOCIATED WITH THE BUILDING SITE, NOR DOES THIS PERMIT CERTIFY COMPLIANCE WITH ANY APPLICABLE STATE OR FEDERAL LAWS.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATION GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME OR GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT	DATE
SIGNATURE OF OWNER	DATE

SPECIAL APPROVALS	APPROVED	DENIED MEMO	DATE
ZONING REVIEW			
ENGINEERING			
HEALTH DEPT.			
FIRE DEPT.			
T.I.F.			
FEES: REINSPECTION			
DOUBLE FEE			
BUILDING PERMIT			
PLAN CHECK FEE			
CHECK #	CASH	TOTAL	

PERMIT VALIDATION APPROVED BY:	DATE:	PERMIT NUMBER
WHITE-BUILDING DEPT.	PINK-APPLICANT	GOLDENROD-ASSESSOR

To schedule an inspection, notify the Building Department, telephone 303-654-6320, one day in advance of requested inspection.