

BUILDING PERMIT APPLICATION

JOB ADDRESS: _____ PERMIT NO: _____

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____

PROPERTY OWNER:

NAME _____ PHONE _____

ADDRESS _____

CITY _____ ST. _____ ZIP _____

CONTRACTOR:

NAME _____ PHONE _____

ADDRESS _____

CITY _____ ST. _____ ZIP _____

LICENSE NO. _____

USE OF BUILDING: _____

DESCRIBE WORK: _____

CLASS of WORK: NEW ADDITION ALTERATION DEMOLITION MOVE

CHANGE OF USE: FROM _____ TO _____

TOTAL VALUE: \$ _____ MATERIAL COST: \$ _____

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NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

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 ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO 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 (If Owner Builder) Date

CITY OF STERLING PUBLIC WORKS DEPARTMENT CODE ENFORCEMENT DIVISION
421 N. 4th Street P.O.Box 4000 Sterling, CO. 80751
970-522-9700 FAX 970-521-0632
OFFICIAL USE ONLY

PLAN REVIEW FEE :	\$ _____	WATER TAP FEE :	\$ _____
BUILDING PERMIT FEE :	\$ _____	WATER PLANT FEE :	\$ _____
USE TAX :	\$ _____	SEWER TAP FEE :	\$ _____
OTHER :	\$ _____	SEWER PLANT FEE :	\$ _____
TOTAL FEES :	\$ _____		

OCCUPANCY GROUP: _____	CONSTRUCTION TYPE: _____
TOTAL SQ. FT. _____	STORIES: _____
USE ZONE: _____	PARKING: _____
OCCUPANT LOAD: _____	

APPROVALS	IF NEEDED	RECEIVED	DATE
ZONING	_____	_____	_____
FIRE DEPARTMENT	_____	_____	_____
ENGINEERING	_____	_____	_____
SOIL REPORT	_____	_____	_____
HEALTH DEPARTMENT	_____	_____	_____
FLOOD PLAIN	_____	_____	_____
OTHER	_____	_____	_____

INSPECTIONS

TYPE	DATE	COMMENTS	INSPECTOR
FOOTING	_____	_____	_____
STEM WALL	_____	_____	_____
UNDER FLOOR	_____	_____	_____
FRAMING	_____	_____	_____
WALLBOARD	_____	_____	_____
MASONRY	_____	_____	_____
FINAL	_____	_____	_____
C of O	_____	_____	_____