

BUILDING PERMIT APPLICATION

JOB ADDRESS : _____ PERMIT NO: _____

LEGAL DESCRIPTION : LOT _____ BLOCK _____ SUBDIVISION _____

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: \$ _____

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

12/09

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 : _____ OCCUPANT LOAD : _____
USE ZONE : _____	PARKING : _____

APPROVALS	REQUIRED	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	_____	_____	_____

CITY OF STERLING

WASTEWATER QUESTIONNAIRE

DIRECTIONS: All industrial users of the City of Sterling wastewater treatment system are required to submit a completed Wastewater Questionnaire as required by EPA 40 CFR. (The industrial user is required to update the questionnaire whenever significant changes are made in an industrial operation or process.) The completed and signed questionnaire is to be returned to the Director of Public works (Telephone 522-9700) within two weeks. Your cooperation will be greatly appreciated.

SECTION A. GENERAL INFORMATION (Please Print)

1. Business name of applicant: _____
2. Mailing address: _____
Street: _____
City: _____ Zip Code: _____
3. Facility address (if different than mailing address):

Street: _____
City: _____ Zip Code: _____
4. Person to contact concerning this survey:
Name: _____ Title: _____ Tel. No.: _____

SECTION B. PRODUCT/SERVICE INFORMATION

1. Check all activities which are present at your facility:

<input type="checkbox"/> Assembly	<input type="checkbox"/> Medical Care	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Vehicle Equip. Wash
<input type="checkbox"/> Flammables, Explosives	<input type="checkbox"/> Office Unit	<input type="checkbox"/> Warehousing
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Painting, Stripping, or Finishing	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Food Service	<input type="checkbox"/> Plant Wash Down	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Government	<input type="checkbox"/> Printing, Photo	_____
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Repair Shop, Garage	_____
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Research	_____
<input type="checkbox"/> Laundry		
2. Give a brief description of the operations at this facility: _____

3. List basic materials used in your product or operation: _____

Continue on reverse side

SECTION C. SEWER USE

1. Is your monthly water usage greater than 2,000,000 gallons? (Please refer to your water billing and any other water sources; e.g., private wells, etc.) Yes No
2. Does this facility generate any wastewater other than from restrooms, cafeterias, or kitchen areas? Yes No
3. Are there changes proposed which will cause generation of wastewater other than from restrooms, cafeterias, or kitchen areas? Yes No
If yes, please explain. _____
4. Are any liquid wastes or sludges generated at the facility site? Yes No
If no, skip to Question 10. If yes, please check the following items that best describe the waste and quantity:

<u>Units Per Month</u>		<u>Units Per Month</u>	
<input type="checkbox"/>	Grease _____	<input type="checkbox"/>	Pretreatment Sludge _____
<input type="checkbox"/>	Oil _____	<input type="checkbox"/>	Pesticides _____
<input type="checkbox"/>	Waste Solvent _____	<input type="checkbox"/>	Radioactive Wastes _____
<input type="checkbox"/>	Inks/Dyes _____	<input type="checkbox"/>	Waste Product _____
<input type="checkbox"/>	Paints _____	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Thinner _____		_____
<input type="checkbox"/>	Acids & Alkalies _____		_____
<input type="checkbox"/>	Plating Wastes _____		_____

5. Does your company discharge these checked wastes to the City Sewer? Yes No
6. Does your company remove these checked wastes from the facility? Yes No
If so, to where? _____
7. Does another company remove these checked wastes from the facility? Yes No
If yes; name, address, and telephone of company: _____

8. Are any of these checked wastes placed with trash for disposal? Yes No
9. Does your company practice on site disposal of any of the checked wastes? Yes No
Specify: _____
10. Have you had any laboratory tests of your discharge? Yes No
If yes, please attach most recent data. Indicate any anticipated changes in this discharge quality.

SECTION D. CERTIFICATION

I hereby certify that the information found in this questionnaire is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

Name: _____ Title: _____

Signature: _____ Date: _____