



**BUILDING PERMIT APPLICATION:**

**Graywater Treatment Works**

**All information on the application must be filled out (as applicable).**

Single family detached  Duplex/two-family  Single family attached (townhome)  Multi-family (apartment/condo)   
Commercial  Use: \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_ **UNIT#:** \_\_\_\_\_

**PROPERTY OWNER INFO: (All owner information is required – NOT optional)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

**MASTER PLUMBER INFO:**

Company Name \_\_\_\_\_  
License Holder Name \_\_\_\_\_ LIC # \_\_\_\_\_ CERT # \_\_\_\_\_

**VALUE OF CONSTRUCTION (materials and labor):** \$ \_\_\_\_\_

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_

**JOBSITE SUPERVISOR CONTACT INFO:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**SUBCONTRACTOR INFO:**

Electrical \_\_\_\_\_

**Applicant: I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with all requirements contained herein and City of Fort Collins ordinances and state laws regulating building construction.**

Applicant Signature \_\_\_\_\_ Type or Print Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

**THIS APPLICATION EXPIRES 180 DAYS FROM APPLICATION DATE**