



BUILDING PERMIT APPLICATION:

Temporary Use

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

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 _____

APPLICANT INFO: (Point of contact for all permit communication)

Applicant Signature _____ Type or Print Name _____
Phone # _____ Email _____

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.

THIS APPLICATION EXPIRES 180 DAYS FROM APPLICATION DATE