



BUILDING PERMIT APPLICATION:

Tenant Finish (commercial)

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 _____

CONTRACTOR INFO:

Company Name _____
License Holder Name _____ LIC # _____ CERT # _____

CONSTRUCTION INFO:

1. Name of Business (fill in info below related to tenant): _____
Existing Tenant New Tenant First tenant/occupant in a new building/space
Name of prior tenant/business (or prior use): _____
Proposed Use: _____

2. Are there any exterior building changes (including mechanical) associated with the work? Yes No
Describe: _____

3. Scope of Work Square Footage (leave blank where work is not occurring):
1st Floor Sq Ft _____ + 2nd Floor Sq Ft _____ + 3rd Floor Sq Ft _____ + 4th Floor Sq Ft _____
+ 5th Floor Sq Ft _____ + 6th Floor Sq Ft _____ + 7th Floor Sq Ft _____ Other _____
+ Unfin. Bsmt Sq Ft (remain unfin.) _____ + Fin Bsmt Sq Ft (to be fin.) _____ = Total Scope of Work Sq Ft _____

4. What is being added to the space (not previously existing/currently present)?:
of Full Baths _____ # ¾ Baths _____ # ½ Baths _____ # Fireplaces _____

5. Is the building currently fire sprinkled? Yes No

6. Asbestos Disclosure:
In accordance with the State of Colorado Senate Bill 13-152, property owners, applying for a remodel permit, shall indicate their awareness about their property having been inspected for Asbestos Containing Materials (ACM's).
 I do not know if an asbestos inspection has been conducted on this property
 An asbestos inspection has been conducted on this property on or around the date of: _____
 An asbestos inspection has not been conducted on this property

UTILITES INFO:

Electric Service Upgrade Yes No Existing Amps _____ New Amps _____
Electric Meter Relocation Yes No

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

DESCRIPTION OF WORK:

JOBSITE SUPERVISOR CONTACT INFO: Name _____ Phone _____

SUBCONTRACTOR INFO:

Electrical _____ Structural Framing (wood only) _____ Mechanical _____

Plumbing _____ Fireplace _____ Roofing _____

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