



BUILDING PERMIT APPLICATION

FOR OFFICE USE
APPLICATION NUMBER: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

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 \_\_\_\_\_

Name of Business (COMMERCIAL USE ONLY) \_\_\_\_\_

CONTRACTOR INFO: Company Name \_\_\_\_\_

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

LEGAL INFO:

Subdivision/PUD \_\_\_\_\_ Filing # \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Lot Sq Ft \_\_\_\_\_

CONSTRUCTON INFO: Total Building Sq Ft (NOT including basement) \_\_\_\_\_ Total Garage Sq. Ft. \_\_\_\_\_

Residential Sq Ft \_\_\_\_\_ Commercial Sq Ft \_\_\_\_\_ # of Stories \_\_\_\_\_ Bldg Ht \_\_\_\_\_ # of Dwelling Units \_\_\_\_\_

1st Floor Sq Ft \_\_\_\_\_ 2nd Floor Sq Ft \_\_\_\_\_ 3rd Floor Sq Ft \_\_\_\_\_ Unfinished Basement Sq Ft \_\_\_\_\_

Finished Basement Sq Ft \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Full Baths \_\_\_\_\_

¼ Baths \_\_\_\_\_ ½ Baths \_\_\_\_\_ # Fireplaces \_\_\_\_\_

ENERGY INFORMATION: (CHECK ONE)

Prescriptive [ ] Performance [ ] U/Arescheck [ ] ERI [ ] ASHRAE [ ] Component/Comcheck [ ] IDAP [ ]

Air Conditioning? YES [ ] NO [ ]

City of Fort Collins Approved Stock Plan # SPO \_\_\_\_\_ List Option #s \_\_\_\_\_

Utilities INFO:

New Electric Service [ ] Electric Service Upgrade [ ] Electric Meter Relocation [ ]

Electric Main Breaker Size (Residential Only): 150 amps or less [ ] 200 amps [ ] Other: [ ]

Gas [ ] Electric [ ] Electric Temp Pedestal? Yes [ ] No [ ]

ZONING INFO: (COMMERCIAL USE ONLY)

Proposed Use: (i.e. medical, office, bank, retail, etc.) \_\_\_\_\_

For Commercial remodels and tenant finishes, please answer the following questions:

Is the remodel/tenant finishes for an existing or new tenant? (Please check one)

Existing Tenant [ ] New Tenant [ ]

If for a new tenant, is this the first tenant to occupy this space?

Yes [ ] No [ ] If not for the initial tenant for this unit, what was the previous use of this tenant space?

Are there any exterior building changes (including mechanical) associated with the work? Yes [ ] No [ ]

If yes, please describe: \_\_\_\_\_

**Value of Construction (materials and labor):** \$ \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

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

**SUBCONTRACTOR INFO:** Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_

Plumbing \_\_\_\_\_ Framing \_\_\_\_\_ Roofing \_\_\_\_\_

Fireplace \_\_\_\_\_ Solar \_\_\_\_\_ Other \_\_\_\_\_

**ASBESTOS STATEMENT 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 about (enter date) \_\_\_\_\_
- An asbestos inspection has not been conducted on this property.

**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**