



BUILDING PERMIT APPLICATION

APPLICATION NUMBER: _____	FOR OFFICE USE	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 _____
 ¾ Baths _____ ½ Baths _____ # Fireplaces _____

ENERGY INFORMATION: (CHECK ONE)

ComCheck UA (ResCheck) SPA ^(Simulated Performance Alternative) Prescriptive ERI(Energy Rating Index)

Air Conditioning? YES NO

City of Fort Collins Approved Stock Plan # **SPO** _____ List Option #s _____

UTILITIES INFO: Gas Electric Electric Temp. Pedestal Yes No
 Electric Main Breaker Size (**Residential Only**): 150 amp or less 200 Amp Other

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