BUILDING PERMIT APPLICATION

JURISDICTION OF TOWN OF WESTCLIFFE PERMIT NO. _____

Applicant to complete numbered spaces only

Job Address

1. Legal Desc	Lot #	Blk	Tract

2. Owner	Mail Address	Zip	Phone
3. Contractor	Mail Address	Zip	Phone
4. Architect/Designer	Mail Address	Zip	Phone
5. Engineer	Mail Address	Zip	Phone
6. Misc	Mail Address	Zip	Phone

7. Use of Building

8. Class of Work ___New ___Addition ___Alteration ___Repair ___Move ___Remove

9. Describe work

10. Change of use from

Change of use to

11. Valuation of work: $

PLAN CHECK FEE	PERMIT FEE

Special Conditions

Type of Const.	Occupancy Group	Division
Size of building (total) Sq Ft	No. of Stories	Max Occ Load
	Use Zone	Sprinklers Required

Application accepted by	Plans checked by	Approved for issuance by

No. of dwelling units	Off street parking	Covered	Uncovered

NOTICE

Separate permits are required for electrical and plumbing.
This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction is suspended or abandoned for a period of 180 days after work has commenced.
I herby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of owner, contractor or authorized agent Date

Special approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT			
FIRE DEPT			
SOIL REPORT			
OTHER (SPECIFY)			

Date Paid	Amount Paid	Check No.	Receipt No.

OWNER

JOB ADDRESS