

BUILDING PERMIT APPLICATION

JURISDICTION OF TOWN OF WESTCLIFFE

PERMIT NO. _____

Applicant to complete numbered spaces only

Job Address _____

1. Legal Desc	Lot #	Blk	Tract
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2. Owner	Mail Address	Zip	Phone
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3. Contractor	Mail Address	Zip	Phone
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4. Architect/Designer	Mail Address	Zip	Phone
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5. Engineer	Mail Address	Zip	Phone
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6. Misc	Mail Address	Zip	Phone
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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
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Special Conditions	Type of Const.	Occupancy Group	Division
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	Size of building (total) Sq Ft	No. of Stories	Max Occ Load
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Application accepted by	Plans checked by	Approved for issuance by	Use Zone	Sprinklers Required
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	No. of dwelling units	Off street parking	Covered	Uncoverd
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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 hereby 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.

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

Date Paid	Amount Paid	Check No.	Reciept No.

OWNER
JOB ADDRESS

Signature of owner, contractor or authorized agent	Date				
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