

**EAGLE COUNTY BUILDING DEPT**

www.eaglecounty.us

**EAGLE OFFICE**

P.O. Box 179, 500 Broadway

Eagle, CO 81631

Phone: (970) 328-8730

Fax: (970) 328-7185

Inspection IIR line: 1(866) 701-3307

**EAGLE COUNTY, COLORADO****BUILDING PERMIT APPLICATION**

Jurisdiction of EAGLE COUNTY

Permit # \_\_\_\_\_

**EL JEBEL OFFICE**

20 Eagle County Drive El Jebel, CO 81623

Phone: (970) 328-7673

Inspection IIR line: 1(866) 701-3307

**PLEASE MAKE CHECKS PAYABLE TO: "EAGLE COUNTY BUILDING DEPARTMENT"**

JOB ADDRESS:			PARCEL #
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LOT / UNIT #	BLOCK / BLDG#	FILING	SUBDIVISION / CONDO NAME	TAX DISTRICT
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<b>OWNER:</b>		<b>CONTRACTOR:</b>	
MAILING ADDRESS:		CONTACT PERSON:	
PHONE:		MAILING ADDRESS:	
FAX:		PHONE/ CELL PHONE:	
E-MAIL ADDRESS		FAX/ E-MAIL ADDRESS:	
<b>ARCHITECT/ LICENSE #:</b>		<b>ENGINEER/ LICENSE #:</b>	
PHONE:		PHONE:	
FAX/ E-MAIL ADDRESS:		FAX/ E-MAIL ADDRESS:	
<b>USE:</b> <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER		<b>CLASS:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE	

<b>DESCRIPTION OF WORK:</b>

<b>VALUATION:</b>	<b>TRANSFER PERMIT:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
# OF BEDROOMS:	ACREAGE OR SQUARE FOOTAGE OF LOT:
TYPE OF HEATING: <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE	LOT COVERAGE (includes overhangs):
WATER SOURCE: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	IMPERVIOUS COVERAGE:
SEWER SYSTEM: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	TOTAL FLOOR AREA OF STRUCTURE (sq. ft.):
NUMBER OF STORIES:	NUMBER OF OFF STREET PARKING SPACES:
NUMBER OF DWELLING UNITS:	DESIGN REVIEW APPROVAL: <input type="checkbox"/> YES <input type="checkbox"/> NO    DATE _____

<b>SPECIAL CONDITIONS: IF WORK CLASS = NEW AND PARCEL # IN THE EAGLE RIVER FIRE PROTECTION DISTRICT THEN APPLICANT SHALL SUPPLY THE PROPOSED WATER METER / WATER MAIN SIZE OF ___ 0.75 ___ 1 ___ 1.5 ___ 2 ___ 3 ___ 4 OR ___ 6 INCH WATER METER for purpose of calculating the Emergency Service Impact Fee.</b>
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<p align="center"><b><u>NOTICE: READ BEFORE SIGNING</u></b></p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL (HEATING, VENTILATING OR AIR CONDITIONING). THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS 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.</p>	<b>FORM OF PAYMENT</b>		
	PERMIT FEE	RECEIPT NO.	
	PLAN CHECK FEE	CHECK NO.	
	TOTAL FEE	OTHER	
	APPLICATION RECEIVED BY	PLANS CHECKED BY	APPROVED ISSUANCE
DATE	DATE	DATE	
SIGNATURE OF CONTRACTOR _____	(DATE)		
SIGNATURE OF OWNER (IF OWNER BUILDER) _____	(DATE)		