

**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 VR line: 1(866)701-3307

**BUILDING PERMIT APPLICATION**

Jurisdiction of EAGLE COUNTY

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

**EL JEBEL OFFICE**

20 Eagle County Drive El Jebel, CO 81623

Phone: (970) 328-7673

Inspection VR line: 1(866)701-3307

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

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

**DESCRIPTION OF WORK:****VALUATION:**

# OF BEDROOMS:

TYPE OF HEATING: ☐ NATURAL GAS ☐ ELECTRIC ☐ PROPANEWATER SOURCE: ☐ PUBLIC ☐ PRIVATESEWER SYSTEM: ☐ PUBLIC ☐ PRIVATE

NUMBER OF STORIES:

NUMBER OF DWELLING UNITS:

TRANSFER PERMIT: ☐ YES ☐ NO

ACREAGE OR SQUARE FOOTAGE OF LOT:

LOT COVERAGE (includes overhangs):

IMPERVIOUS COVERAGE:

TOTAL FLOOR AREA OF STRUCTURE (sq. ft.):

NUMBER OF OFF STREET PARKING SPACES:

DESIGN REVIEW APPROVAL: ☐ YES ☐ NO DATE \_\_\_\_\_

**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.**

**NOTICE: READ BEFORE SIGNING**

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.

SIGNATURE OF CONTRACTOR \_\_\_\_\_ (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) \_\_\_\_\_ (DATE)

**FORM OF PAYMENT**

PERMIT FEE

RECEIPT NO.

PLAN CHECK FEE

CHECK NO.

TOTAL FEE

OTHER

APPLICATION RECEIVED BY

PLANS CHECKED BY

APPROVED ISSUANCE

DATE

DATE

DATE