

Town Of Georgetown
 404 6th St.
 Georgetown, CO 80444
 303-569-2555
 Fax 303-569-2705

Permit #: _____
Job Address: _____
Parcel ID: _____ Lot: _____
Subdivision: _____ Block: _____

Signature of Owner/Authorized Agent: _____	Application Date: _____
--	-------------------------

Description of Work: _____

Property Owner: _____	Phone: _____
-----------------------	--------------

Mailing Address: _____

Primary Contractor/Contact Person: _____	License #: _____
---	-------------------------

Contractor Address: _____	Phone: _____
----------------------------------	---------------------

Service Contractor/Contact Person: _____	License #: _____
---	-------------------------

Contractor Address: _____	Phone: _____
----------------------------------	---------------------

Service Contractor/Contact Person: _____	License #: _____
---	-------------------------

Contractor Address: _____	Phone: _____
----------------------------------	---------------------

Service Contractor/Contact Person: _____	License #: _____
---	-------------------------

Contractor Address: _____	Phone: _____
----------------------------------	---------------------

IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE ITEMS

SQUARE FOOTAGE	PROPOSED USE	TYPE OF HEAT	IMPROVEMENT TYPE
Main Floor _____	<u>Residential</u>	___ Gas LP or NG	___ New Building
Add. Floors _____	___ One Family	___ Electricity	___ Addition
Basement _____	___ Multi Family: Enter number of units - _____	___ Solar	___ Remodel \ Finish
Crawlspace _____	___ Hotel, motel, or dormitory-Enter number of units - _____	___ Other _____	___ Repair, replacement
Covered Porch _____	___ Garage: Single ___ Double ___ Attached ___ Detached ___	SEWAGE DISPOSAL	___ Fence
Decks _____	___ Carport: Attached ___ Detached ___	___ Public	___ Roof
Garage _____	___ Patio: Attached ___ Detached ___	___ Individual	___ Other _____
Other _____	___ Basement: Partial ___ Full ___ Finished ___ Unfinished ___	WATER SUPPLY	CONSTRUCTION TYPE
	___ Fireplace: Masonry ___ 0-Clearance ___	___ Private	___ Wood Frame
	___ Other _____	___ Public	___ Structural Steel
	<u>Commercial</u>		___ Masonry
	___ Shell Only _____ Sign		___ Other _____
	___ Tenant Finish		
	___ Remodel /Addition		
	___ New Building		

TOTAL VALUE	DEMOLITION	OCCUPANCY	MISCELLANEOUS
Building Valuation \$ _____	___ Site Plan	Classification _____	# of stories: _____
Use Tax Valuation \$ _____	___ State Permit	Construction Type _____	Lot Size: _____
	___ Asbestos Permit	Separated _____ Non-Separated _____	Parking Spaces _____
			Enclosed ___ Outdoors _____

FOR OFFICE USE ONLY:

FEES: Total: _____	OTHER FEES:	SETBACKS:	REQ:	RESIDENTIAL ONLY
Deposit: _____	___ Other (Amt.) _____	Front: _____	_____	
___ Permit Fee: _____	Description: _____	Back: _____	_____	# of Bedrooms _____
___ Plan Review: _____	___ Other (Amt.) _____	Side1: _____	_____	# Full Baths _____
___ Use Tax: _____	Description: _____	Side2: _____	_____	# 3/4 Baths _____
___ Water Tap: _____				# 1/2 Baths _____
___ Sewer Tap: _____				

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Municipality and Building Codes governing location, construction and erection of the above proposed work for which the permit is granted. The Municipality or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the codes or regulations applicable may result in the revocation of this permit.

Buildings **MUST** conform with plans, as submitted to the Municipality. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day's notice to perform such activities.

In the event construction is not commenced within 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable.

Accepted By: _____	Approved by City Official: _____
--------------------	----------------------------------