

Phone: 303-705-0227
 Email: BuildingDept@castlepinesco.gov
 7437 Village Square Lane, #215
 Castle Pines, CO 80108



Permit #: _____

Building Permit Application

JOB INFORMATION

Job Site Address: _____		Total Project Valuation: \$ _____
Property Owner Name: _____		Electrical Valuation (if applicable): Residential: _____ SQ. FT. Commercial: \$ _____
Property Owner Address: _____		
Property Owner Phone Number: _____		
Scope of Work (please be as descriptive as possible):		Pitch: _____ Square: _____
<u>Permit Type (please choose one)</u> <input type="checkbox"/> Over the Counter (no plans required) <input type="checkbox"/> Demolition (interior or whole structure) <input type="checkbox"/> Residential Alteration <input type="checkbox"/> Commercial Alteration <input type="checkbox"/> New Residential <input type="checkbox"/> New Commercial	<u>Square Footage of proposed work</u> Main Floor: _____ Covered Porch: _____ Add. Floors: _____ Other: _____ Basement: _____ Crawlspace: _____ Deck: _____ Garage: _____ # of Stories: _____ # of Bedrooms: _____	<u>New Residential or Commercial ONLY</u> <i>(Please circle all that apply)</i> Frame Type: Wood Steel Masonry or other Sewer Type: Public or Private Water Supply Type: Public or Private Construction Type: Separated or Non-Separated Heat Fuel Type: Gas Electric Solar or Other

PERMIT CONTACT INFORMATION

Contact Name/Company _____	Contact Phone Number _____	Contact E-mail Address _____
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CONTRACTOR INFORMATION

<input type="checkbox"/> Homeowner Acting as General Contractor		<input type="checkbox"/> Homeowner Acting as Sub-Contractor	
General Contractor Business Name	Address	Phone	Castle Pines License Number
Electrical Contractor Business Name	Address	Phone	Castle Pines License Number
Plumbing Contractor Business Name	Address	Phone	Castle Pines License Number
Mechanical Contractor Business Name	Address	Phone	Castle Pines License Number

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the City and Building Codes governing location, construction and erection of the above proposed work for which the permit is granted. The City or its agents are authorized to order the immediate cessation of construction at any time 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 City. 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.

Print Name

Signature

Date

FOR OFFICE USE ONLY

PERMIT FEES	PAYMENTS	APPROVALS
Building Permit Fee:	Fee amount: _____	Planning & Zoning Signature: _____ Date Approved: _____
Castle Pines Tax:	Date Paid: _____	
Douglas County Tax:	Remaining Balance: _____	
Plan Review Fee:	Fee amount: _____	Building Department Signature: _____ Date Approved: _____
Electrical Fee:	Date Paid: _____	
Construction Meter:	Remaining Balance: _____	
Zoning Fee:		
Misc. Fee:		
Total Fees Assessed:		