GENERAL CONSTRUCTION PERMIT

Town of Frederick
Building Inspections
401 Locust Street - Frederick, CO 80530
(720) 382-5605
Inspections: (720) 382-5620 www.frederickco.gov

FREDERICK COLORADO
Built On What Matters

Permit Number:_____

Date of Application:_____

PLEASE FILL ALL TYPEABLE AREAS IMPORTANT: ENTER ALL DATA NECESSARY FOR A COMPLETE DESCRIPTION OF THE PROJECT

PROPERTY ADDRESS / UNIT # (S)	COUNTY	LOT(S)	BLOCK(S)	SUBDIVISION

PROPERTY OWNER	OWNERS MAILING ADDRESS	PHONE (DAY)

CONTRACTOR NAME OF FIRM	CONTACT	**EMAIL ADDRESS**	TELEPHONE NUMBER
Building			
Electrical			
Plumbing			
Mechanical			

PERMIT TYPE _____ OCCUPANCY CLASS(ES) _____ TYPE OF CONST _____ BUILDING USE: EXISTING_____ PROPOSED_____
SPRINKLERED? YES_____ NO_____

Bedrooms	Baths	Crawl Space	Deck	Porch	Garage Area	Living Area (finished)
Setbacks (In Feet)	North	South	East	West	Basement (Finished)	Basement (Unfinished)
No. of Stories	Bldg. Height	Mezzanine	Warehouse	Office	Other	Water Tap Size

DESCRIPTION OF WORK **MODEL NO.**

_____

_____

OPTIONS USED: _____
ELECTRICAL VALUATION (COMM. ONLY) _____
TOTAL JOB COST ESTIMATE: $_____ MATERIAL COST ESTIMATE: $_____
(CONTRACTOR VALUE)

NOTICE TO ALL APPLICANTS: TO SCHEDULE AN INSPECTION, CALL (720) 382-5620. THE PERMIT EXPIRES 180 DAYS FROM THE DATE OF ISSUE UNLESS WORK IS STARTED AND INSPECTIONS HAVE BEEN DONE. BUILDING AND IMPROVEMENTS MUST CONFORM TO THE PLANS SUBMITTED TO THE TOWN. ANY CHANGES MUST BE APPROVED PRIOR TO CHANGES BEING MADE.

We agree to perform the work described herein in accordance with the plans and/or specifications submitted. All work done shall be in compliance with all applicable codes and regulations of the Town of Frederick, I/we agree that no work would be initiated without this application being approved. I/we are aware that any violation of applicable codes and regulations can cause revocation of this permit

PAID _____

CHECK # _____

REC'D BY _____

X _____
SIGNATURE OF APPLICANT

Attach plans, specifications, drawings and other supporting documents. Plot plans must be fully dimensional.

TOWN APPROVAL

_____ **Date:** _____
SIGNATURE OF OFFICIAL

Plan Review Notes:

_____ **Date:** _____
Planning Sign Off

For Office Use only
FEES

Valuation $	_____
Permit Fee	_____
Plan Review	_____
Administrative Fee	_____
Construction Meter	_____
Electrical	_____
Water Tap Fees:	
CWWC Capital Impr.	_____
Frederick Capital Impr.	_____
CBT Water Share	_____
Tap Installation	_____
Impact Fees:	
General Capital	_____
Park Improvement	_____
Open Space	_____
Transportation	_____
Drainage	_____
Public Safety Impact	_____
Sales & Use Tax (1.0%)	_____
Sales & Use Tax (2.5%)	_____
TOTAL FEES	**$** _____