

GENERAL CONSTRUCTION PERMIT

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



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.

<p>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</p> <p>X</p> <p>_____ SIGNATURE OF APPLICANT</p>	<p>PAID _____</p> <p>CHECK # _____</p> <p>REC'D BY _____</p>	<p>For Office Use only FEES</p> <p>Valuation \$ _____</p> <p>Permit Fee _____</p> <p>Plan Review _____</p> <p>Administrative Fee _____</p> <p>Construction Meter _____</p> <p>Electrical _____</p> <p>Water Tap Fees: CWWC Capital Impr. _____</p> <p>Frederick Capital Impr. _____</p>
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Attach plans, specifications, drawings and other supporting documents. Plot plans must be fully dimensional.

<p>TOWN APPROVAL</p> <p>_____ SIGNATURE OF OFFICIAL</p> <p>Plan Review Notes:</p> <p>_____ Date: _____</p> <p>_____ Date: _____</p> <p>Planning Sign Off</p>	<p>CBT Water Share _____</p> <p>Tap Installation _____</p> <p>Impact Fees: General Capital _____</p> <p>Park Improvement _____</p> <p>Open Space _____</p> <p>Transportation _____</p> <p>Drainage _____</p> <p>Public Safety Impact _____</p> <p>Sales & Use Tax (1.0%) _____</p> <p>Sales & Use Tax (2.5%) _____</p> <p>TOTAL FEES \$ _____</p>
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