



Town of Georgetown
 P.O. Box 426/ 404 6th St.
 Georgetown, CO 80444
 303-569-2555
 asstadmin@townofgeorgetown.us

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

Description of Work:	
Property Owner:	Phone:
Mailing Address:	
Email:	
Primary Contractor Name:	Email:
Primary Contractor Address:	Phone:
Sub-Contractor Name:	Email:
Sub-Contractor Address:	Phone:

IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE ITEMS

<u>Square Footage</u> Main Floor: _____ Add. Floors: _____ Basement: _____ Crawlspace: _____ Covered Porch: _____ Decks: _____ Garage: _____ Other: _____	<u>Proposed Use</u> Residential <input type="checkbox"/> One Family <input type="checkbox"/> Multi Family: # of units - ____ <input type="checkbox"/> Hotel, motel, or dormitory: # of units- ____ <input type="checkbox"/> Garage: Single ____ Double ____ Attached ____ Detached ____ <input type="checkbox"/> Carport: Attached ____ Detached ____ <input type="checkbox"/> Patio: Attached ____ Detached ____ <input type="checkbox"/> Basement: Partial ____ Full ____ Finished ____ Unfinished ____ <input type="checkbox"/> Fireplace: Masonry ____ 0-Clearance ____ Other _____	<u>Type of Heat</u> <input type="checkbox"/> Gas LP or NG <input type="checkbox"/> Electricity <input type="checkbox"/> Solar <input type="checkbox"/> Other _____ <u>Sewage Disposal</u> <input type="checkbox"/> Public <input type="checkbox"/> Individual <u>Water Supply</u> <input type="checkbox"/> Private <input type="checkbox"/> Public	<u>Improvement Type</u> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel / Finish <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Fence <input type="checkbox"/> Roof <input type="checkbox"/> Other _____ <u>Construction Type</u> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____
<u>Total Value</u> Project Valuation \$ _____ (Cost of project labor + materials)	Commercial <input type="checkbox"/> Shell Only ____ Sign <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Remodel / Addition <input type="checkbox"/> New Building	<u>Occupancy</u> Classification _____ Construction Type ____ Separated _____ Non-Separated _____	<u>Notes:</u> <u>Miscellaneous</u> # of Stories: _____ Lot Size: _____ Parking Spaces _____ Enclosed _____ Outdoors _____
<u>Demolition</u> <input type="checkbox"/> Site Plan <input type="checkbox"/> State Permit <input type="checkbox"/> Asbestos Permit			

FOR OFFICE USE ONLY:

FEES: Total : _____ Deposit: _____ Permit Fee: _____ Plan Review: _____ Use Tax: _____ Water Tap: _____ Sewer Tap: _____	<u>Other Fees:</u> _____ Other (Amt.) <u>Description:</u> _____ Other (Amt.) <u>Description:</u>	<u>Setbacks:</u> Front: _____ Back: _____ Side 1: _____ Side 2: _____	REQ: _____ _____ _____	<u>Residential Only</u> # of Bedrooms _____ # Full Baths _____ # ¾ Baths _____ # ½ Baths _____
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Office Staff: _____ **City Official:** _____

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 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 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.**

Signature of Owner/Authorized Agent: _____

Application Date: _____