



BUILDING PERMIT APPLICATION
TOWN OF MINTURN BUILDING DEPARTMENT
 P.O. Box 309 - 302 Pine Street - Minturn, Colorado 81649
 Phone: 970-827-5645 Email: building@minturn.org

SAFEbuILT: Derek Place, Deputy Building Official
 Phone: 303-210-1049 Email: dplace@safebuILT.com



Construction Location:

Street Address:

Parcel Number(s):

Property Owner:

Name:

Mailing Address: Phone Number:

Contractor:

General Contractor Name: Business License #:

Mailing Address:

Phone: Email:

Licensed Plumber: License #:

Licensed Electrician: License #:

Building Permit Type (Check all that apply):

- | | | |
|---------------------------------------|---|-------------------------------------|
| USE: | CLASS: | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> ADDITION | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> PLUMBING |
| | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> DEMOLITION |

Description of Work:

Estimated Valuation (Including Materials, Labor, and Profit):

Zoning Approval Needed: Required Documents Attached (+checklist):

YES: NO: YES: NO:

READ BEFORE SIGNING: I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to or cancel the provisions of any other state or local law regulating construction or the performance of construction. This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Signature of Owner: _____ Date: _____

Signature of Contractor: _____ Date: _____

***Water Tap Needed: Yes No**
APPLICATION ACCEPTED BY: _____ DATE: _____

BUILDING PERMIT APPLICATION

**SUBMITTAL CHECKLIST REQUIREMENTS
(TO BE INCLUDED WITH APPLICATION)**

CHECKLIST FOR BUILDING PERMIT APPLICATION

Applicant Staff

- | | | |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Vicinity Map |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaled Detailed Drawings |
| | | • Plan View and Section |

CHECKLIST FOR NEW EXTERIOR WORK

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Zoning Approval |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan – Scaled – showing setbacks |
| <input type="checkbox"/> | <input type="checkbox"/> | ILC |
| <input type="checkbox"/> | <input type="checkbox"/> | Percentage of building lot coverage |
| <input type="checkbox"/> | <input type="checkbox"/> | Percentage of impervious surfaces |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking Plan - # of bedrooms |
| <input type="checkbox"/> | <input type="checkbox"/> | Roof Changes – Building Height |