



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

Permit # _____



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:

- All encroachments need to be removed prior to final sign-off. Sec. 11-3-10 – Encroachments/obstructions prohibited.
- *Water Tap Needed: Yes No - If YES - complete System Impact Fee Application

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: _____

APPLICATION ACCEPTED BY: _____ DATE: _____

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

CHECKLIST FOR BUILDING PERMIT APPLICATION

Applicant Staff

- All encroachments need to be removed prior to final sign-off.
MMC Sec. 11-3-10 – Encroachments and obstructions prohibited.**
- Vicinity Map**
- Scaled Detailed Drawings
Plan View and Section**

CHECKLIST FOR NEW EXTERIOR WORK

- Zoning Approval**
- Site Plan – Scaled – showing setbacks**
- ILC**
- Percentage of building lot coverage**
- Percentage of impervious surfaces**
- Parking Plan - # of bedrooms**
- Roof Changes – Building Height**
- Water Tap Needed - YES - Complete and attach System Impact Fee Application**