



Town of Minturn
 302 Pine Street
 PO Box 309
 Minturn, CO 81645
 Office: 970-827-5645
 Building Inspector:
 970-291-1269

Building Permit # _____

BUILDING PERMIT APPLICATION

Type: New Construction Remodel / Alteration Electrical Mechanical
Zoning: Residential Commercial Mixed Use

PROJECT ADDRESS:
DESCRIBE THE NATURE OF THE WORK TO BE PERFORMED:
PROPERTY LEGAL DESCRIPTION: LOT #: _____ BLOCK: _____ SUBDIVISION: _____ PARCEL #: _____

OWNER:	CONTRACTOR:
MAILING ADDRESS:	MAILING ADDRESS:
PHONE	PHONE
EMAIL	EMAIL
LICENSE #	LICENSE #
ENGINEER:	PLUMBING CONTRACTOR:
MAILING ADDRESS:	MAILING ADDRESS:
PHONE	PHONE
EMAIL	EMAIL
LICENSE #	LICENSE #
ELECTRICAL CONTRACTOR:	MECHANICAL CONTRACTOR:
MAILING ADDRESS:	MAILING ADDRESS:
PHONE	PHONE
EMAIL	EMAIL
LICENSE #	LICENSE #
ESTIMATED VALUATION INCLUDING MATERIAL, LABOR, PROFIT:	
SQUARE FOOTAGE: _____ FINISHED AREA _____ UNFINISHED AREA _____ TOTAL _____	

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:** _____

Administrative Use Only:

Application Accepted By: _____ **Date:** _____

Permit Fee:	Total Due:
Water Tap Fee:	Date Paid:
ERFPD Impact Fee:	Building Plans Checked By:
Plan Check Fee:	Approved for Zoning & Issuance By: