

MECHANICAL PERMIT APPLICATION

Town of Minturn 302 Pine Street, P.O. Box 309 Minturn, CO 81645
 Minturn Phone 827-5645 Fax, 827-5545 / Inspector, Phone 1-888-220-2464

Permit No: _____

LEGAL DESCRIPTION/ ADDRESS:			
LOT NO.	BLK.	FILING	SUBDIVISION

OWNER:	Phone No.	
Mailing Address:		
CONTRACTOR:	Phone No.	Lic. No.
Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Remove <input type="checkbox"/> Other		
Describe:		

NOTICE!!! 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.

Signature of Contractor	Signature of Owner
Date	Date

***** Do not write below this line - Office use only*****

Valuation:	Permit Fee:	Other:	Total Due
Application accepted by:		Approved for issuance By:	

Permit No: _____

BUILDING PERMIT APPLICATION

Town of Minturn 302 Pine Street, P.O. Box 309 Minturn, CO 81645
 Minturn Phone 827-5645, Fax 827-5545 / Inspector Phone 1-888-220-2464

LEGAL DESCRIPTION/ ADDRESS:			
LOT NO.	BLK.	FILING	SUBDIVISION
OWNER:		Phone No.	
MAILING ADDRESS:			
CONTRACTOR:		Phone No.	Lic. No.
ENGINEER:		Phone No.	Lic. No.
PLUMBER:		Phone No.	Lic. No.
ELECTRICIAN:		Phone No.	Lic. No.

USE OF BUILDING : <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____
TYPE OF WORK: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove <input type="checkbox"/> Other
DESCRIBE WORK:
Sq. Ft. of Lot(s): _____ Lot Coverage (Including Overhang): _____ Total Sq. Ft. of Project: _____ Number of Stories: _____ Number of Dwelling Units: _____ Height of Structure Above Lowest Grade: _____ Setbacks: Front _____ Rear _____ Sides _____
Zoning Approval By: _____ Date: _____

NOTICE!!! READ BEFORE SIGNING: This permit requires progress inspections or other inspections within 180 days. 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.

 Signature of Contractor Date Signature of Owner Date

***** Do not write below this line - Office use only *****

Application Accepted By: _____

Date Accepted: _____

Valuation:	Permit Fee:	Plan Ck Fee:	ERWSD Initial	ERWSD Final
Water Tap Fee	Water Meter:	Street Use Fee:	Clean Up Deposit:	
TOTAL TOWN FEES/DEPOSIT:	TOTAL BUILDING INSPECTION:	PLAN DEPOSIT:	TOTAL DUE: DATE PAID:	
Site Plan accepted by: _____		Building Plans checked by: _____		Approved for issuance By: _____

Plumbing Permit Fee: _____ Mechanical Permit Fee: _____ Date: _____