



**PERMIT APPLICATION**  
**ADAMS COUNTY BUILDING SAFETY DIVISION**  
 4430 South Adams County Parkway Brighton, Colorado 80601  
 Main Number 720.523.6825 Inspection Line 720.523.6320

Date:    /    /	BDL _____
-----------------	-----------

JOB INFORMATION					
JOB ADDRESS			CITY	ZIP	
LEGAL DESCRIPTION			SUBDIVISION	FILING NO	BLOCK LOT
SECTION	TOWNSHIP	RANGE	¼ SECTION	USE ZONE	

PERMIT CLASSIFICATION		
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL		
USE OF BLDG. OR IMPROVEMENT ( IF CHANGE IN USE ATTACH DETAILED DESCRIPTION CHECK ONE)		
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AGRICULTURAL		
CLASS OF WORK		
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLISH <input type="checkbox"/> CHANGE IN USE		
TYPE OF HEATING FUEL:	TYPE OF SEWAGE DISPOSAL:	TYPE OF WATER SUPPLY:
<input type="checkbox"/> NATURAL GAS <input type="checkbox"/> PROPANE	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE

VALUATION-COST OF LABOR AND MATERIALS
TOTAL PROJECT VALUATION: \$ _____

PARTY INFORMATION					
PROPERTY OWNER	ADDRESS	CITY	PHONE	E-MAIL	
APPLICANT/CONTACT NAME	ADDRESS	CITY	PHONE	E-MAIL	
<input type="checkbox"/> OWNER <input type="checkbox"/> PRIMARY CONTRACTOR					
ARCHITECT   DESIGNER	ADDRESS	CITY	PHONE	E-MAIL	REGISTRATION #
ENGINEER	ADDRESS	CITY	PHONE	E-MAIL	REGISTRATION #

CONTRACTOR INFORMATION-ALL GENERAL CONTRACTORS AND SUB-CONTRACTORS ARE REQUIRED TO BE LICENSED AS A CONTRACTOR IN ADAMS COUNTY AND REQUIRE A SIGNATURE FROM EACH CONTRACTOR.					
GENERAL CONTRACTOR	ADDRESS	CITY	PHONE	E-MAIL	REGISTRATION #
Signature: _____			Date: _____		
ELECTRICAL CONTRACTOR	ADDRESS	CITY	PHONE	E-MAIL	REGISTRATION #
Signature: _____			Date: _____		
PLUMBING CONTRACTOR	ADDRESS	CITY	PHONE	E-MAIL	REGISTRATION #
Signature: _____			Date: _____		
MECHANICAL CONTRACTOR	ADDRESS	CITY	PHONE	E-MAIL	REGISTRATION #
Signature: _____			Date: _____		



**PERMIT APPLICATION**  
**ADAMS COUNTY BUILDING SAFETY DIVISION**  
 4430 South Adams County Parkway Brighton, Colorado 80601  
 Main Number 720.523.6825 Inspection Line 720.523.6320

**BUILDING PERMIT INFORMATION-PLEASE FILL OUT ALL THAT APPLY.**

Building Use:		Occupant Load:		Occupancy Class:		Foundation Type:		Construction Type:	
Gross Building Area:		Total Finished Area:		Total Unfinished Area:		Total Lot Area:		Total Impervious Area:	
Main Floor Area:		Second Floor Area:		Third Floor Area:		Unfinished Basement Area:		Finished Basement Area:	
Total # Stories:		Garaged Attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Unfinished Garage Area:		Finished Garage Area:		# of Stall Garage:	
# Bedrooms:		# Baths:		# Fireplaces:		Uncovered Deck Area:		Covered Deck Area:	
Fire Sprinkler:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Roof Pitch:		Felt Type:		Shingle Type:		Other:	

**DETAILED DESCRIPTION OF WORK:**

**BUILDING VALUATION OF WORK (COST OF LABOR AND MATERIALS): \$**

**ELECTRICAL PERMIT INFORMATION-CHECK ALL THAT APPLY**

- Construction Meter  
  Temp Building Service  
  Electrical Wiring  
  Tenant Finish  
  Service Change  
  New Single Family Dwelling  
 Air Conditioner  
  New Service  
  Sub Panel  
  Evaporative Cooler  
  Furnace/ Boiler  
  Construction Trailer  
 Mobile Home  
  Solar  
  Unit Heater  
  Outside Lighting  
  Swimming Pool  
  Sign  
 Other \_\_\_\_\_

**DETAILED DESCRIPTION OF WORK:**

**ELECTRICAL VALUATION OF WORK (COST OF LABOR AND MATERIALS—WIRE, PANELS, BREAKERS, ETC): \$**

**PLUMBING PERMIT INFORMATION- CHECK ALL THAT APPLY**

- Fixtures (sink, tub, etc.)  
  Drains, Waste, Vents  
  Gas line  
  Water Heater  
 Water Supply Pipe  
  Shower Pan  
  Boiler  
  Water Softener  
  Other \_\_\_\_\_

**DETAILED DESCRIPTION OF WORK:**

**PLUMBING VALUATION OF WORK (COST OF LABOR AND MATERIALS): \$**

**MECHANICAL PERMIT INFORMATION- CHECK ALL THAT APPLY**

- Air Conditioner  
  Water Heater  
  Furnace  
  Duct Work  
  Evaporative Cooler  
  Roof Top Unit (RTU)  
 Boiler  
  Fireplace  
  Unit Heater  
  Gas Piping-Natural  
  Gas Piping-Liquid Propane  
  Other \_\_\_\_\_

**DETAILED DESCRIPTION OF WORK:**

**MECHANICAL VALUATION OF WORK (COST OF LABOR AND MATERIALS): \$**



**PERMIT APPLICATION**  
**ADAMS COUNTY BUILDING SAFETY DIVISION**  
 4430 South Adams County Parkway Brighton, Colorado 80601  
 Main Number 720.523.6825 Inspection Line 720.523.6320

**AUTHORIZATION**

**NOTICE:** 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.

**WARNING:** THE ISSUANCE OF THIS BUILDING PERMIT DOES NOT ABRIDGE, CANCEL OR AUTHORIZE VIOLATION OF PRIVATE RIGHTS, COVENANTS OR RESERVATIONS WHICH MAY BE ASSOCIATED WITH THE BUILDING SITE, NOR DOES THIS PERMIT CERTIFY COMPLIANCE WITH ANY APPLICABLE STATE OR FEDERAL LAWS.

**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 REGULATION GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME OR GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.**

SIGNATURE OF CONTRACTOR/ AUTHORIZED AGENT/OWNER	SUBMITTAL DATE:
X	

**BELOW AREA FOR OFFICE USE ONLY**

CONSTRUCTION TYPE	OCCUPANCY	STORIES	DWELLING UNITS	OCCUPANT LOAD	BEDROOMS	BATHROOMS	TOTAL BUILDING AREA
Special Conditions:							

**APPROVALS**

DEPARTMENT	APPROVED	DENIED	DATE	CONDITIONS
PLANNING				<input type="checkbox"/> YES <input type="checkbox"/> NO
PLAN REVIEW FEE	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID		CHECK # <input type="checkbox"/> YES <input type="checkbox"/> NO
T.I.F.	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID		CHECK # <input type="checkbox"/> YES <input type="checkbox"/> NO
TRANSPORTATION				<input type="checkbox"/> YES <input type="checkbox"/> NO
STORMWATER				<input type="checkbox"/> YES <input type="checkbox"/> NO
ENGINEERING				<input type="checkbox"/> YES <input type="checkbox"/> NO
R.O.W.				<input type="checkbox"/> YES <input type="checkbox"/> NO
CONSTRUCTION				<input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH DEPARTMENT				<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRE DISTRICT			SPRINKLER	<input type="checkbox"/> YES <input type="checkbox"/> NO

PAYMENT INFORMATION		
CHECK #	CREDIT CARD CONF #	CASH

PERMIT FEES	
DOUBLE FEE   BDC	\$
BUILDING PERMIT FEE	\$
ELECTRICAL PERMIT FEE	\$
PLAN REVIEW FEE	\$
E-470 EXPANSION FEE	\$
TOTAL	\$

VALIDATION	
PERMIT VALUDATION BY:	DATE:
PERMIT ISSUED BY:	DATE:
PERMIT NUMBER:	