



355 Fourth Street • Bennett, CO 80102
 Tel: (303) 644-3249 Fax: (303) 644-4125
 www.townofbennett.org

BUILDING PERMIT APPLICATION

DATE: _____ **PERMIT #** _____

TO BE COMPLETED BY APPLICANT

Property Owner Name:			Phone:			Email:		
Address:			Mailing Address:					
City:	State:	Zip:	City:	State:	Zip:	City:	State:	Zip:

CONTRACTOR INFORMATION

1. (circle one) General Plumber Electrician Mechanical			Address:					
Name:			City:		State:		Zip:	
Email:			Phone:		State Lic #:		Exp:	
2. (circle one) General Plumber Electrician Mechanical			Address:					
Name:			City:		State:		Zip:	
Email:			Phone:		State Lic #:		Exp:	
3. (circle one) General Plumber Electrician Mechanical			Address :					
Name:			City:		State:		Zip:	
Email:			Phone:		State Lic #:		Exp:	

PARCEL INFORMATION

Subdivision:	Parcel #	Lot	Block
Zoning:	Distance from lot line: N _____ S _____ E _____ W _____ Corner lot? _____		

TO BE COMPLETED BY APPLICANT - PROJECT INFORMATION

<p>TYPE OF IMPROVEMENT:</p> <p><input type="checkbox"/> NEW BUILDING</p> <p><input type="checkbox"/> ADDITION</p> <p><input type="checkbox"/> REMODEL/FINISH</p> <p><input type="checkbox"/> REPAIR/REPLACEMENT</p> <p><input type="checkbox"/> MOBILE HOME</p> <p><input type="checkbox"/> OTHER</p> <p>*****</p> <p>FOR NEW RESIDENTIAL WHEN SAME HOUSE MODEL IS BUILT AGAIN</p> <p>PLAN # ON FILE _____</p> <p>OPTION # _____</p>	<p>PROPOSED USE:</p> <p>RESIDENTIAL</p> <p><input type="checkbox"/> Single Family</p> <p><input type="checkbox"/> Multi Family # of units _____</p> <p><input type="checkbox"/> Hotel, Motel, Dormitory</p> <p><input type="checkbox"/> # of units _____</p> <p><input type="checkbox"/> Garage: Single Double Attached Detached</p> <p><input type="checkbox"/> Carport: Attached Detached</p> <p><input type="checkbox"/> Patio: Attached Detached</p> <p><input type="checkbox"/> Basement: Partial Full Finished Unfinished</p> <p><input type="checkbox"/> Other: _____</p> <p>COMMERCIAL</p> <p><input type="checkbox"/> Shell only</p> <p><input type="checkbox"/> Tenant Finish</p> <p><input type="checkbox"/> Sign</p> <p><input type="checkbox"/> Telecommunications Facility</p> <p><input type="checkbox"/> Remodel/Addition</p> <p><input type="checkbox"/> New Building</p>
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TOTAL VALUE (INCLUDES MATERIAL & LABOR): \$ _____	ELECTRICAL VALUATION: \$ _____
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<p>Construction Type:</p> <p><input type="checkbox"/> Wood Frame</p> <p><input type="checkbox"/> Structural Steel</p> <p><input type="checkbox"/> Masonry</p> <p><input type="checkbox"/> Manufactured home</p> <p><input type="checkbox"/> Other _____</p> <p>Type of Mechanical:</p> <p><input type="checkbox"/> Central Air Conditioning</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Hydronic</p> <p>Heating Fuel Type:</p> <p><input type="checkbox"/> Gas NG or LP</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Solar</p> <p><input type="checkbox"/> Other _____</p>	<p>Square Footage:</p> <p>Main floor _____</p> <p>Additional floors _____</p> <p>Basement _____</p> <p>Crawlspace _____</p> <p>Decks _____</p> <p>Garage _____</p> <p>Other _____</p> <p># of bedrooms _____</p> <p># of baths - Full _____ 3/4 _____ 1/2 _____</p>	<p>Type of Sewage Disposal:</p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Septic</p> <p>Type of Water:</p> <p><input type="checkbox"/> Tap size</p> <p><input type="checkbox"/> Supplies</p>
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Signage

Type _____ Total Size _____ Height _____ Width _____ Materials _____

SIGN CERTIFICATION

I CERTIFY THAT THE INFORMATION AND EXHIBITS I HAVE SUBMITTED ARE TRUE AND CORRECT AND AGREE TO CONSTRUCT THE SIGN(S) IN ACCORDANCE WITH THE SITE PLAN, BUILDING PLANS AND SPECIFICATIONS SUBMITTED, AND IN STRICT COMPLIANCE WITH ALL THE PROVISIONS OF THE TOWNS LAND USE CODE AND BUILDING CODES. _____ (INITIALS).

**Reference Sign Submittal Requirements (attach elevations and drawings to permit)*

Telecommunications Facility

Outside Public ROW Height _____ Inside Public ROW Height _____ Change in Height _____ Change in Width _____

Change to existing (In Public ROW) _____ Change to existing _____ # of electrical cabinets _____

- Excavation or deployment outside current site
- Non-compliance of existing original conditions

**Reference Telecommunications Facility Submittal Requirements*

Applicant must read and initial the following:

- The applicant, his agents and employees shall comply with all rules, restrictions and requirements of the Town and building codes governing location, construction and erection or the above proposed work for which the permit is granted. _____
- The Town or its agents are authorized to order the immediate cessation of construction at any time a violation of the codes or regulations appears to have occurred. Violation of any of the codes or regulations applicable may result in the revocation of this permit. _____
- Buildings MUST conform with plans, as submitted to the Town. Any changes of plans or layouts must be approved prior to the change being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction. _____
- The Applicant is responsible for ascertaining true & correct locations of all property, right of way, & easement lines. If encroachments on land other than that owned by the property owner are discovered after installation of improvements, the property owner may be required to remove the improvements at their expense. _____
- The Applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day's notice to perform such activities. _____
- In the event construction is not commenced within 180 days of issuance of their permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause the permit to be void. _____

**Permits are not transferable.*

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

BUILDING PERMIT FEES

DEVELOPMENT/IMPACT FEES

Permit Fees

Building Permit \$ _____
 Plan Review \$ _____
 Electrical \$ _____
 Construction Meter \$ _____

Taxes

2% Use Tax \$ _____
 .25% Arapahoe Open Space Tax \$ _____

Miscellaneous

Stop Work Order \$ _____
 Other \$ _____

SUBTOTAL PERMIT FEES \$ _____

DEVELOPMENT/IMPACT \$ _____

TOTAL DUE \$ _____

Water and Waste Water

Water Development Fee \$ _____
 Water Tap Inspection \$ _____
 Sewer Development \$ _____
 Sewer Tap Inspection \$ _____
 Meter Pit/charges \$ _____

Impact

Park/Recreation \$ _____
 Police Facilities \$ _____
 Public Facilities \$ _____
 Transportation Facilities \$ _____
 Storm Drainage \$ _____

SUBTOTAL DUE \$ _____

APPLICATION ACCEPTED BY:	DATE:	COMMENTS:
BUILDING DEPARTMENT:	DATE:	COMMENTS:
BUILDING OFFICIAL:	DATE:	COMMENTS:
BENNETT FIRE PROTECTION DIST:	DATE:	COMMENTS:
PUBLIC WORKS:	DATE:	COMMENTS:
ENGINEERING:	DATE:	COMMENTS:
PLANNING/ZONING:	DATE:	COMMENTS:
ZONING ADMINISTRATOR:	DATE:	COMMENTS: