Received Date _____ **Town of Estes Park** Permit Number _____

Received By _____ **Commercial Application / Building Permit**

Department of Building Safety 170 MacGregor Avenue P.O. Box 1200 Estes Park, CO 80517 Application Expires _____

General Information (970) 577-3726 ▪ FAX (970) 586-0249 ▪ www.estes.org/CommunityDevelopment

Note: Use this form for Non-residential and Mixed-use Buildings Permit Expires _____

Job Address: _____ **Lot Size:** _____**sf/ac**

Lot: ___ **Block:** ____**Subdivision:** _____ **Parcel #:**_____

Owner Name: _____**Phone:** _____

Address:_____

Contractor: _____**Town License #:** _____**Phone:**_____

Address:_____

Email Address (REQUIRED): _____

The Following Applies to New Work Only – Complete all that apply: ☐**New Building** ☐**Alteration** ☐**Addition**

Building Use(s): **Existing:**_____ **Proposed:**_____	Existing Fire Alarm ☐ Yes ☐ No	Existing Fire Suppression ☐ Yes ☐ No	New Fire Suppression ☐ Yes ☐ No

Sewer: ☐ Estes Park Sanitation ☐ Upper Thompson Sanitation ☐ Private Septic – Requires Applicant to first go to the Health Department.

Plumbing Involved: ☐ No ☐ Yes – ***State and Town Licenses Required***
Fixtures: ☐ Add ☐ Relocate ☐ Replace ☐ Demolish
Water Service: ☐ Existing ☐ New - # of Meters: _____ Meter Size: _____inches

Electric Involved: ☐ No ☐ Yes – ***State & Town License Required***. ***State Permit and Inspection Required.***
Service: ☐ Existing ☐ New ☐ Overhead ☐ Underground; ☐ New Sprinkler System Line
# of Meters: _____ ; Meter Size: _____ amps; Temp Meter: ☐ No ☐ Yes Phase _____ Volts _____

Type of Heat: ☐ Gas ☐ Furnace ☐ Electric ☐ Boiler

Fuel Gas Involved: ☐ No ☐ Yes – ***Qualifications and System Sizing Required.***
Type: ☐ Natural Gas ☐ LPG # of Gas Appliances / Outlets:_____

Building Height: Ft.	# Floors	Basement (sf) Fin _____ Unfin _____	1st Floor (sf) Fin _____ Unfin_____	2nd Floor (sf) Fin _____ Unfin _____	Garage / Carport (sf) Attached _____ Detached _____	Porch w/ Roof (sf)	Deck w/o Roof (sf)

Job Description: Total Valuations (Labor & Materials) $

I certify this application is true and correct and agree to perform the work described according to plans/specifications submitted, reviewed and approved, and comply with local ordinances, state and federal laws as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, **I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION.**

☐ **Contractor** ☐ **Owner** ☐ **Owner's Agent** ☐ **Tenant**

Signature _____ Date _____ Print Name _____

Office Use Only

Job Description:					Department	Approved	Disapproved	Fees
Applicable Code(s):	Type of Const.		Occupancy Class(es):		Public Works			
					Water			
Occupant Load(s):	Flood Load(s):		Roof Load:		Light & Power			
					Planning			
Variances (attached):	Fire Alarm System		Fire Suppression System		Building			
					Plan Review			
Setbacks Front	Side	Rear	River		County Tax			
					Cert. of Occupancy			
Zoning / Census #	**Hazards**	Geo	Wildfire	Flood	Other			
Building Official			Date		Total			