

Received Date _____

Town of Estes Park

Permit Number M-_____

Received By _____

Application for Miscellaneous Permit

Application Expires _____

Department of Building Safety 170 MacGregor Avenue P.O. Box 1200 Estes Park, CO 80517
General Information & Inspection Line (970) 577-3726 * FAX (970) 586-0249 * www.estes.org

Permit Expires _____

Job Address: _____

Owner Name: _____ **Phone:** _____

Address: _____
(Street) (City) (State) (Zip Code)

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

Address: _____
(Street) (City) (State) (Zip Code)

- Long-term Residential (≥ 30 days) Short-term Residential (< 30 days) Commercial

- | | |
|--|--|
| <input type="checkbox"/> Replace Furnace | <input type="checkbox"/> Gas Line (ft.) |
| <input type="checkbox"/> Replace Boiler | <input type="checkbox"/> Replace Windows |
| <input type="checkbox"/> Replace Hot Water Heater | <input type="checkbox"/> Install Air Conditioning |
| <input type="checkbox"/> Minor Plumbing | <input type="checkbox"/> Temporary Structure Use _____ |
| <input type="checkbox"/> Minor Remodel | Time Period _____ |
| <input type="checkbox"/> Fireplace Insert – circle one: Gas, Wood, Pellet; | <input type="checkbox"/> Other |

Description of Work:

Valuation (Total Cost of Material & Labor): \$

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. Note: The work authorized by this permit requires the building be provided with smoke alarms complying with municipal codes.

Signature _____ Date _____ Print Name _____

*** Office Use Only ***

Inspection Checklist:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Address Posted | <input type="checkbox"/> Equipment Access | <input type="checkbox"/> T & P | <input type="checkbox"/> Smoke Detectors |
| <input type="checkbox"/> Contractors Licensed | <input type="checkbox"/> Equipment Listed | <input type="checkbox"/> Gas Pipe | <input type="checkbox"/> Rough Inspection |
| <input type="checkbox"/> Permit Packet Available | <input type="checkbox"/> Equipment Clearances | <input type="checkbox"/> Vent | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Safe Access | <input type="checkbox"/> Pan and Drain | <input type="checkbox"/> Combustion Air | |

Comments:			Permit Fee:	
Census #	Construction Type:	Occupancy:	County Tax:	
Building Official			Date	Total :

****SMOKE ALARMS ARE REQUIRED****