GRAND COUNTY

BUILDING PERMIT APPLICATION

Jurisdiction of _____

BUILDING PERMIT NUMBER: B-_____-_____

DATE OF ISSUE_____/_____/_____

THE CONTRACTOR VERIFICATION FORM MUST ACCOMPANY THIS APPLICATION.

APPLICANT MUST COMPLETE ALL NUMBERED SPACES THAT APPLY

1. OWNER NAME: _____
2. MAILING ADDRESS: _____
   CITY: _____ STATE: _____ ZIP CODE: _____
3. LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____
   OR MEET AND BOUNDS: SECTION _____ TOWNSHIP _____ RANGE _____
4. JOB ADDRESS: _____
5. ARCHITECT OR DESIGNER NAME: _____
   PHONE NUMBER: _____
6. ENGINEER NAME : _____
   PHONE NUMBER: _____
7. USE OF BUILDING: _____
8. CLASS OF WORK: ☐NEW ☐ADDITION ☐ALTERATION ☐REPAIR ☐MOVE ☐REMOVE
9. DESCRIBE WORK: _____

NOTICE: This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is Suspended or abandoned for a period of 365 days at any time after work is commenced. 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 Violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

SIGNATURE OF OWNER DATE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

TOTAL FEE	VALUATION OF WORK			BUILDING PERMIT FEE			
PREPAYMENT	DATE PREPAYMENT PAID			ZONING FEE			
TOTAL BALANCE DUE	TYPE OF CONSTRUCTION			OCCUPANCY GROUP		DIVISION	
ZONING APPROVAL	SIZE OF BUILDING TOTAL SF		No. of Stories		Max Occ Load	USE ZONE	
	SET BACKS	FRONT		SIDE		SIDE		BACK	

SPECIAL APPROVAL	NOT REQUIRED	APPROVED
WATER		
SEWER		
P&Z SIGNOFF		
3 LAKES DESIGN REVIEW		
OTHER		

SPECIAL CONDITIONS:

APPLICATIONACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY	REFERENCE #	

Grand County Building Department

Contractor Verification Form

You are required to list all contractors and subcontractors employed on this project.
If there is any change in contractor or subcontractor you must notify this department in writing (Change in Contractor Verification Form).
To avoid any delays in the progress of your project you must notify this department immediately if there is any change in the information provided below. If this department is not notified in a timely manner a STOP WORK order will be placed on the job and the project will be SHUT DOWN until the proper information is turned in and verified by this department.

1. OWNER NAME: _____
2. OWNER PHONE NUBMER: _____
3. MAILING ADDRESS: _____
   CITY: _____ STATE: _____ ZIP CODE: _____
4. LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____
   OR MEET AND BOUNDS: SECTION _____ TOWNSHIP _____ RANGE _____
5. JOB ADDRESS: _____
6. **CONTACT NAME:** _____
7. **CONTACT PHONE: NUMBER:** _____
8. **EMAIL:** _____
9. **DATE OF APPLICATION:** _____

NOTE: This department CAN NOT supply you with the license number of the contractor.
You must obtain that information from that person or persons.

	CLASS	NAME OF CONTRACTOR	LICENSE NUMBER	OFFICE USE ONLY
1.	GENERAL			
2.	FOOTER/FOUNDATION			
3.	FRAMING			
4.	ROOFING			
5.	PLUMBING			
6.	ELECTRICAL			
7.	MECHANICAL			
8.	INSULATION			
9.	DRYWALL			

BY SIGNING YOU ARE CONFIRMING ALL ABOVE INFORMATION IS TRUE AND AGREE TO NOTIFY THIS DEPARTMENT OF ANY CHANGES.

_____

OWNER OR AUTHORIZED AGENT DATE

DO NOT WRITE BELOW THIS LINE ***DO NOT WRITE BELOW THIS LINE***

DATE OF APPROVAL: BY:

NOTES

Print Form