



BUILDING PERMIT APPLICATION

TOWN OF GRANBY, COLORADO

APPLICANT MUST COMPLETE ALL NUMBERED SPACES.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Date of Issue ____ / ____ / ____ Building Permit Number ____ - ____ - ____

1. Owner Name _____ Mail Address _____
City _____ State _____ Zip _____ Email Address _____ Phone _____

2. Project / Tenant Name (Only if a tenant finish.) _____ Mail Address _____
City _____ State _____ Zip _____ Email Address _____ Phone _____

3. Legal Description _____ Lot No. _____ Blk. No. _____ Subdivision Name _____
Metes & Bounds _____
Grand Co. Assessor Schedule No. _____ Grand Co. Assessor Parcel No. _____

4. Job Address _____

5. Contractor _____ Mail Address _____
City _____ State _____ Zip _____ Email Address _____ Phone _____ Business License Number _____

6. Architect or Designer _____ Mail Address _____
City _____ State _____ Zip _____ Email Address _____ Phone _____

7. Engineer _____ Mail Address _____
City _____ State _____ Zip _____ Email Address _____ Phone _____

8. Use of Building Residential Commercial Other (Describe) _____

9. Class of Work: New Addition Alteration Repair Move Remove Tenant Finish

10. Describe Work _____

11. THE WINTER PARK/FRASER/GANBY BUILDING DEPARTMENT REQUIRES THAT APPLICANTS PROVIDE THE FOLLOWING APPLICABLE INFORMATION (ARCHITECT MUST PROVIDE GROSS SQUARE FOOTAGE ON BUILDING PLANS OR DRAWINGS). ALL MEASUREMENTS ARE TO BE "GROSS" SQUARE FOOTAGE. CONTACT BUILDING DEPARTMENT STAFF TO OBTAIN A COPY OF THE CONSTRUCTION VALUATION WORKSHEET OR VISIT WINTER PARK'S WEBSITE AT WWW.WPGOV.COM

ONE/TWO FAMILY DWELLINGS, TOWNHOMES, AND CONDOMINIUMS
(TOWNHOMES REQUIRE INDIVIDUAL PERMITS)

ALL OTHER BUILDINGS AND STRUCTURES

Dwelling Sq. Ft.: _____ Unfinished Bsmt. Sq. Ft.: _____

Building or Structure Gross Square Footage: _____

Garage Sq. Ft.: _____ Deck Sq. Ft.: _____

Construction Type: _____ Occupancy Type: _____

Plumbing Valuation: _____

Valuation of Alterations, Repairs, and Remodels: \$ _____
(Actual Costs to Owner - Materials and Labor)

Valuation of Alterations, Repairs, and Remodels: \$ _____
(Actual Costs to Owner - Materials and Labor)

Mechanical Valuation: _____

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED HAS 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 HAS COMMENCED.

I HEREBY AFFIRM THAT I HAVE FULL LEGAL CAPACITY TO AUTHORIZE THE FILING OF THIS APPLICATION AND THAT ALL INFORMATION AND EXHIBITS HEREWITH SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED INVITES REPRESENTATIVES OF THE TOWN OF GRANBY, TOWN OF GRANBY NORTH SERVICE AREA, TOWN OF GRANBY SOUTH SERVICE AREA, GRANBY SANITATION DISTRICT, AND GRAND FIRE PROTECTION DISTRICT NO. 1 TO MAKE ALL REASONABLE INSPECTIONS AND INVESTIGATION OF THE SUBJECT PROPERTY DURING THE PERIOD OF CONSTRUCTION. THE UNDERSIGNED UNDERSTANDS AND AGREES TO ACCEPT AND ABIDE BY ALL PROVISIONS OF THE REGULATIONS AND STANDARDS OF THE TOWN AND DISTRICTS, MAINTAIN BUILDING SEWER, WATER, AND PRIVATE FACILITIES AT NO EXPENSE TO THE TOWN OR DISTRICTS, TO PROVIDE AS-BUILT PLANS IF REQUESTED, AND TO COMPLY WITH THE INSPECTION REQUIREMENTS NOTIFYING THE TOWN AND DISTRICTS WHEN FACILITIES ARE READY FOR INSPECTION, PRIOR TO ANY PORTION OF THE WORK BEING COVERED. THE GRANTING OF A PERMIT DOES NOT AUTHORIZE VIOLATION OF ANY STATE OR LOCAL LAW. THE UNDERSIGNED UNDERSTANDS THAT VIOLATION OF TOWN OF GRANBY, GRANBY NORTH SERVICE AREA WATER DEPT., TOWN OF GRANBY SOUTH SERVICE AREA, GRANBY SANITATION DISTRICT, AND GRAND FIRE PROTECTION DISTRICT NO.1 CODES OR INSPECTION PROCEDURES, OR ANY MISREPRESENTATION IN THIS APPLICATION MAY BE CAUSE FOR DENIAL OF SERVICE, FINES, AND/OR STOPPAGE OF WORK. I FURTHER AGREE TO PAY ALL FEES CONSISTENT WITH THE TOWN OF GRANBY PAYMENT POLICIES.

12. SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT - DATE _____

SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE _____

CONSTRUCTION VALUE	BUILDING PERMIT FEE	PLAN REVIEW FEE	TOTAL FEE
TYPE CONSTRUCTION	OCCUPANCY GROUP	DIVISION	NO. DWELLINGS
USE TAX: PAID DATE	AMOUNT		
Application Accepted By _____ Date _____	Plans Checked By _____ Date _____	Approved For Issuance By _____	Date _____

PLEASE RETURN APPLICATION ELECTRONICALLY WITH ALL REQUIRED DOCUMENTS TO THE WINTER PARK/FRASER/GANBY BUILDING DEPARTMENT AT PERMITS@WPGOV.COM