

Colorado Regional Office 4610 S Ulster, Ste. 150 Denver, CO 80237 (303) 400-6564 Fax: (925) 463-0691 Corporate Headquarters 5776 Stoneridge Mall Rd, Ste. 150 Pleasanton, CA 94588 (925) 463-0651 Fax: (925) 463-0691

	PAON	IA BU	JILDIN	G PE	RMIT AP	PLICA	TION	
Project Address:						Suite	Application Date	
CONTRACTOR	Name				·		☐ Owner☐ Contractor	
(APPLICANT)	Address		(	City/State			Phone	
PROPERTY OWNER	Name: Address		(	City/State			Phone	
ARCHITECT	Name: Address		(	City/State			Phone	
STRUCTURAL ENGINEER	Name: Address			City/State			Phone	
PROJECT INFORMATION		□ Commercial □ Residential Project			:			
PROJECT VALUATION	\$		Use:					
I hereby certify that I ordinances governing presume to give author performance of const	g this type of ority to viola	work will be	complied wit	h whether s	pecified herein or n	ot. The granti	ng of a permit does not	
Print Name of Applicant					Print Name of Owner			
Signature	of Contract	or or Author DO	_	E BELOW	Signature of Owr	ner		
Occupancy	Type of	Floor	Uoight	Occ.	DEDMIT NO			

DO NOT WRITE BELOW THIS LINE											
Occupancy Classification(s)	Type of Const.	Floor Area	Height	Occ. Load	PERMIT NO.						
					Required Approvals						
ZONE Setl		N/A	Req'd	Date/By							
Project Comment	Building										
					Structural						
			Mechanical								
					Plumbing						
	Electrical										
Building Permit	\$				Fire Dept.						
Plan Review Fee	\$				Zoning						
Total Fees	\$							·			