TOWN OF SPRINGFIELD

ESTIMATED COST OF PROJECT: _____

BUILDING PERMIT FEE: _____

CHECK/CREDIT CARD/CASH: _____ DATE OF PAYMENT: _____

BUILDING PERMIT APPLICATION

BUILDING PERMIT #: _____

APPLICATION DATE: _____

APPLICANT NAME: _____ **owner/contractor/agent/tenant/other**

Phone Number: _____ Cell: _____ EMAIL: _____

OWNER NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHYSICAL ADDRESS OF PROJECT: _____

LEGAL DESCRIPTION OF PROJECT:

Subdivision: _____ Block: _____ Lot: _____

or Metes N Bounds _____

Lot dimensions: _____ x _____ = _____ acres (or) _____ sq ft _____ survey attached

DATE TO BEGIN CONSTRUCTION: _____

TYPE OF WORK TO BE DONE: _____

CLASSIFICATION OF CONSTRUCTION **SFR** R-1 R-2 **Commercial** C-1 C-2 **Industrial** M-1 M-2 **Other**

_____ house _____ porch _____ accessory unit _____ carport _____ deck

_____ addition _____ remodel _____ shed _____ storage _____ fence

_____ tiny home _____ modular _____ manufactured home _____ mobile home _____ garage attached/detached

Manufacturer Name: _____

address: _____

Phone Number _____ Contact name: _____

SIZE OF BUILDING _____ Construction Materials _____ wood _____ metal

NUMBER OF ROOMS _____ _____ stucco _____ concrete

# of STORIES _____ siding log

Building Height _____ heat/air conditioning: _____ boiler

Height of Basement _____ (cellar) _____ electric _____ forced air _____ radiant

Height of 1st level _____ _____ gas _____ central air _____ fireplace

Height of 2nd level _____ _____ geothermal _____ swamp cooler _____ wood stove

_____ space heater hot water baseboard

Foundation _____ wood/block/cement/other

STYLE OF ROOF _____ gable/flat/pitched/other _____ bath

ROOF MATERIAL _____ metal/asphalt shingle/other _____ kitchen

Commercial Property:

Needs to be 5% to 8% Landscaped or Xeriscape with weed barrier.

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WATER SERVICE:	TYPE	_____	SIZE	_____	officer initial _____
SEWER SERVICE:	TYPE	_____	SIZE	_____	officer initial _____
ELECTRIC SERVICE:	TYPE	_____	SIZE	_____	officer initial _____
GAS SERVICE:	TYPE	_____	SIZE	_____	officer initial _____

LOCATION ON THE PROPERTY _____

SET BACKS: (shortest distance from lot lines) _____

front yard: _____ N,E,S,W side yard: _____ drawing/

rear yard: _____ N,E,S,W side yard: _____ survey attached _____

Include these documents: photos, side view, front view, building plans, floor plan, foundation plan

_____ HOMEOWNER/BUILDER

ARCHITECT _____

Mailing address: _____

cell number _____

phone number _____

CONTRACTOR _____

Mailing address: _____

cell number _____

phone number _____

SUB-CONTRACTORS:

ELECTRICIAN _____

Mailing address: _____

cell number _____

phone number _____

PLUMBER _____

Mailing address: _____

cell number _____

phone number _____

Inspections to be conducted: The permit and plans must be at the site.

_____ State electrical

_____ State plumbing

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Asbestos: I hereby certify that this project will not disturb asbestos above the trigger levels. *Asbestos report required as per

_____ I do not know if an inspection has been conducted

_____ An asbestos inspection has not been conducted

_____ An asbestos inspection was conducted Date of inscpection:

AGREEMENT

The undersigned applicant hereby declares that he/she is the owner or agent of this proposed structure and that the accompanying plans and specifications for the erection of the structure for which this permit is issued are drawn in accordance to and comply with the ordinances of the Town of Springfield. -MUNICODE CHAPTER 16-ZONING

I certify that all answers contained in this application are true and correct to the best of my knowledge and further agree to comply with all laws and regulations of the State of Colorado and the Town of Springfield. ANY VIOLATION OF THE BEFORE MENTIONED CODES, RULES AND REGULATIONS SHALL RESULT IN AN IMMEDIATE REVOCATION OF THIS PERMIT. OR The applicant agrees to comply with Springfield Municipal Code, Chapter 16 by which this permit is granted, and further agrees that if the above said ordinances are not fully complied with, the permit will be revoked by the Town of Springfield, and shall become null and void. Construction will cease.

APPLICANT date

ISSUING OFFICER date

Phone: (719) 523-4528

Fax: (719) 523-6956

Website: www.springfieldco.gov

This space is department use only:

Property is zoned: _____ _____ Variance from the Board APPROVED: _____

_____ Special Use Permit DISAPPROVED _____

_____ other

COMMENTS: _____

REVIEW COMPLETED BY: _____ DATE: _____