BUILDING PERMIT APPLICATION

JURISDICTION OF TOWN OF WESTCLIFFE PERMIT NO. _____

Applicant to complete numbered spaces only

OWNER

JOB ADDRESS

Job Address

1. Legal Desc	Lot #	Blk	Tract

2. Owner	Mailing Address	Zip	Phone
3. Contractor	Mailing Address	Zip	Phone
4. Architect/Designer	Mailing Address	Zip	Phone
5. Engineer	Mailing Address	Zip	Phone

6. Use of Building

7. Class of Work ___Addition ___Alteration ___Repair ___Remove ___Move

8. Description of work

9. Change of use from

Change of use to

10. Valuation of work: $

PLAN CHECK FEE	PERMIT FEE

Special Conditions

Type of Const.	Occupancy Group	Division
Size of building (total) Sq Ft	No. of Stories	Max Occ Load
	Use Zone	Sprinklers Required

Application accepted by	Plans checked by	Approved for issuance by

No. of dwelling units	Off street parking	Covered	Uncovered

NOTICE

Separate permits are required for electrical and plumbing.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction is suspended or abandoned for a period of 180 days after work has 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.

☐ "As the applicant, you are responsible for researching and understanding any covenants and/or restrictions attached to the subject property. By submitting this application, you are attesting that the proposed use is not in violation of any covenants or restrictions on the property, or that the proposed use has been otherwise approved by the HOA, POA, or other organization that enforces covenants and restrictions attached to the subject property. The Town of Westcliffe is not responsible for enforcing private land use covenants and/or restrictions. Approval of this application does not relieve the property or the applicant from the private enforcement of any covenants and restrictions attached to the subject property."

Special approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT			
FIRE DEPT			
SOIL REPORT			
OTHER (SPECIFY)			

Date Paid	Amount Paid	Check No.	Receipt No.

Notes:

Signature of owner, contractor or authorized agent Date

Signature of Building/Zoning Official Date