

Received Date \_\_\_\_\_

# Town of Estes Park

Permit Number GI- \_\_\_\_\_

Received By \_\_\_\_\_

## Application for Grease-Interceptor Permit

Application Expires \_\_\_\_\_

Department of Building Safety 170 MacGregor Avenue P.O. Box 1200 Estes Park, CO 80517

General Information & Inspection Line (970) 577-3731 \* FAX (970) 586-0249 \* [www.estesnet.com](http://www.estesnet.com)

Permit Expires \_\_\_\_\_

**Job Address:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

**Contractor/Applicant:** \_\_\_\_\_ **Town License #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

- Long-term Residential (≥ 30 days)     Short-term Residential (< 30 days)     Commercial

- |   |   |
|---|---|
| <input type="checkbox"/> Any Active Violations? | <input type="checkbox"/> Public Right-of-way Permit                   |
| <input type="checkbox"/> Sanitation Approval    | <input type="checkbox"/> Pedestrian Protection                        |
| <input type="checkbox"/> County Health Approval | <input type="checkbox"/> Traffic Protection                           |
| <input type="checkbox"/> Owner's Permission     | <input type="checkbox"/> Specifications Provided                      |
| <input type="checkbox"/> Town License           | <input type="checkbox"/> Site Plan with Grease Interceptor Identified |
| <input type="checkbox"/> State Plumbing License | <input type="checkbox"/> Other _____                                  |

Description of Work:

Valuation (Total Cost of Material & Labor): \$

I certify this application is true and correct and agree to perform the work described according to plans/specifications submitted, reviewed and approved, and comply with local ordinances, state and federal laws as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION. Note: The work authorized by this permit requires the building be provided with smoke alarms complying with municipal codes.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

### \*\*\* Office Use Only \*\*\*

Inspection Checklist:

- |  |   |
|--|---|
| <input type="checkbox"/> Address Posted          | <input type="checkbox"/> Vault & Vent     |
| <input type="checkbox"/> Contractors Licensed    | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Permit Packet Available |   |
| <input type="checkbox"/> Safe Access             |   |

<b>Comments:</b>			<b>Permit Fee:</b>	
<b>Census #</b>	<b>Construction Type:</b>	<b>Occupancy:</b>	<b>County Tax:</b>	
<b>Building Official</b>			<b>Total :</b>	
<b>Date</b>				