Received Date _____ **Town of Estes Park** Permit Number M-_____

Received By _____ **Application for Miscellaneous 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 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**

☐ **Replace Furnace**
☐ **Replace Boiler**
☐ **Replace Hot Water Heater**
☐ **Minor Plumbing**
☐ **Minor Remodel**
☐ **Fireplace Insert – circle one: Gas, Wood, Pellet;**
☐ **Gas Line (ft.)**
☐ **Replace Windows**
☐ **Install Air Conditioning**
☐ **Temporary Structure Use_____**
Time Period _____
☐ **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:

☐ Address Posted	☐ Equipment Access	☐ T & P	☐ Smoke Detectors
☐ Contractors Licensed	☐ Equipment Listed	☐ Gas Pipe	☐ Rough Inspection
☐ Permit Packet Available	☐ Equipment Clearances	☐ Vent	☐ Final Inspection
☐ Safe Access	☐ Pan and Drain	☐ Combustion Air	

Comments:			**Permit Fee:**	
Census #	**Construction Type:**	**Occupancy:**	**County Tax:**	
Building Official	**Date**		**Total :**	

SMOKE ALARMS ARE REQUIRED