

Received Date _____

Town of Estes Park

Permit Number _____

Received By _____

Short-Term Residential Application / Building Permit

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

General Information and Inspection Line (970) 577-3731 ■ FAX (970) 586-0249 ■ www.estesnet.com

NOTE: Use this Form for Short-term Residences less than 30 days.

Permit Expires _____

Job Address: _____ **Condo:** No Yes; **Lot Size:** _____ sf/ac

Lot: ___ **Block:** ___ **Subdivision:** _____ **Parcel #:** _____

Owner Name: _____ **Phone:** _____

Address: _____
 (Street) (City) (State) (Zip Code)

Contractor: _____ **Town License #:** _____ **Phone:** _____

Address: _____
 (Street) (City) (State) (Zip Code)

The Following Applies to New Work Only – Complete all that apply: New Building Alteration Addition **Master Plan#** _____

Building Use(s): Owner / Residence B & B Short-term Rental – Less than 30 days.
Existing use: _____ **Proposed use:** _____ ; # of New Dwellings: _____ ; # of New Kitchens: _____

Sewer: Estes Park Sanitation Upper Thompson Sanitation Private Septic – Requires Applicant to first go to the Health Department.

Plumbing Involved: No Yes – State and Town Licenses Required; *Plumbing Fixture Worksheet Required.*

Fixtures: Add Relocate Replace Demolish **Water Service:** Existing New - # of Meters: _____ . Meter Size: _____ inches

Electric Involved: No Yes – State & Town License Required. *State Permit and Inspection Required.*

Service: Existing New: Overhead Underground; # of Meters: _____ ; Meter Size: _____ amps; Temp Meter: No Yes

Type of Heat: Gas Furnace Electric Boiler **Fuel Gas Involved:** No Yes – Qualifications and System Sizing Required.
Type: Natural Gas LPG # of Gas Appliances / Outlets: _____

Building Height: Ft.	# Floors	Basement (sf)	1 st Floor (sf)	2 nd Floor (sf)	Garage / Carport (sf)	Porch w/ Roof (sf)	Deck w/o Roof (sf)
		Fin _____ Unfin _____	Fin _____ Unfin _____	Fin _____ Unfin _____			

Job Description:	Total Valuations (Labor & Materials) \$
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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.

Contractor Owner Owner's Agent Tenant

Signature _____ Date _____ Print Name _____

*** Office Use Only ***

Job Description:					Application Information			
					Approved	Disapproved	Fees	
Applicable Code(s):	Type of Construction:	Occupancy Class(es):			Public Works			
					Water			
					Light & Power			
Occupant Load(s):		Floor Load(s):	Roof Load:		Planning			
Variances:					Fire Department			
					Building			
Setbacks	Front	Sides	Rear	River	Plan Review			
Zoning	Hazards Geo Wildfire Flood		Census #		County Tax			
					Certificate of Occupancy			
Building Official _____ Date _____					Total			

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Application for Building Permit

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Job Address: _____		Lot Size: _____		sf/ac	
Lot: _____	Block: _____	Subdivision: _____	Parcel #: _____		
Owner Name: _____			Phone: _____		
Address: _____					
(Street)		(City)	(State)	(Zip Code)	
Contractor/Applicant: _____		Town License #: _____		Phone: _____	
Address: _____					
(Street)		(City)	(State)	(Zip Code)	

Approval on non Town entities is the responsibility of the permit applicant. Please obtain the appropriate approval(s) of the following authorities, as advised/highlighted by the Building Official. Each authority will have its own requirements, policies and procedures, and fees which are distinct and separate from Municipal requirements and fees. Permits will not be issued prior to obtaining required approvals.

1. SANITATION DISTRICTS

- Upper Thompson Sanitation District
- Estes Park Sanitation
- New Construction
- Adding, Relocating or Vacating Plumbing Fixtures
- Adding Square Footage to Existing Building Footprint
- Adding or Vacating Septic System
- Sand/Oil Interceptor / Grease Interceptor

COMMENTS: _____

Note: New Interior Grease Traps are prohibited by the Building Department and the Health Department.

Approved Date

2. LARIMER COUNTY HEALTH DEPARTMENT

- Commercial Food / Drink Preparation
- Alcohol Sales (On Premise)
- Day Care (6 Or More Children Under Age 18)
- Septic System
- Sewer Lift Stations
- Public Swimming Pools / Spas / Hot Tubs

COMMENTS: _____

Approved Date

3. STATE ELECTRICAL BOARD

- New Construction with Electrical
- Addition / Remodel with Electrical

4. STATE ENGINEER

- Water Well

5. STATE DEPARTMENT OF REVENUE

- Tax Exempt