City and County of Broomfield

Building Division

Community Development
303.438.6370

1 DesCombes Drive
303.438.6207 FAX

Broomfield, CO 80020
www.broomfield.org

TENANT FINISH / COMMERCIAL REMODEL APPLICATION

Permit #_____

Address of Proposed Construction:_____ Unit # _____

Description of Business: _____

Business Name/Contact Person: _____ Phone Number:_____

Address: _____ City, Zip: _____

General Contractor: _____ Phone Number:_____

Lic. No.:_____ Address: _____ City, Zip: _____

Contractor's Valuation (including labor, materials, overhead and profit):

		Subcontractor	License Number
General:	$ _____		
Electrical:	$ _____	_____	_____
HVAC:	$ _____	_____	_____
Plumbing:	$ _____	_____	_____
Fire Protection:	$ _____	_____	_____
TOTAL VALUATION:	$ _____		

Signs, construction trailers, lawn irrigation, overlot grading, and site improvements require separate permits!

Description of Construction (be specific):_____

_____

Floor Area: _____ Use of Building: _____ Is this a new business/location? _____

_____ sq ft used as: _____ Fire Dept. contacted? _____

_____ sq ft used as: _____ Health Dept. contacted? _____

_____Total sq ft Fire Sprinklers? _____ Hazardous Materials? Yes No
(If yes, provide list and maximum quantities)

IBC Construction Type: _____ IBC Occupancy Group: _____

I hereby state that the above is correct. I recognize that the approval of plans, issuance of a permit, or subsequent inspection approvals shall not be construed to allow violations of the code or other ordinances or laws enforced by the City and County of Broomfield. I consent to provide entry to inspectors as set forth in the building code and to request inspections as required. I consent to pay the use tax based upon the purchase price of all building and construction materials, as required by ordinance. I understand records are subject to audit and verification for 3 years following final inspection or C.O. Broomfield Municipal Code requires taxpayers to maintain building use tax records for 3 years. All materials, drawings or documents submitted for this permit become public record and may be released to the public. *By signature below the signatory certifies and declares that he/she is either the Owner or the Authorized Agent of the owner of the property.*

Signature: _____ Print Name:_____ Date: _____

⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘ Official Use Only ⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘⌘

Special Conditions:

Building Approval (Okay to issue): _____ Date:_____