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

Date Received	NEW ONE & TWO FAMILY DWELLING PERMIT APPLICATION	Permit Number

Address of Proposed Construction	Subdivision	Lot	Block
Property Owner		Owner Phone #	
Owner's Address (if different from above)		City, State, Zip	
Contractor	Contractor Phone #	Contractor License #	
Contractor Address		City, State, Zip	
Job Contact Name	Contact Office Phone #	Contact Mobile Phone #	
Job Contact E-Mail Address	Job Contact Title		
Model / Plan Number:	**Elevation:**	**New Model?_____**	

Project Valuation (Including materials and labor)

Trade	Valuation	Name of Subcontractor
General:	**$**	
Electrical:	**$**	
HVAC:	**$**	
Plumbing:	**$**	
Fire Sprinkler:	**$**	
SUBTOTAL:	**$**	
Lawn Sprinkler (opt)	**$**	
TOTAL:	**$**	***Signs, construction trailers, and fences require separate permits!***

Submittal shall include 1" = 20' Drainage Plan that shows building setbacks from property line to closest point.

Indicate actual distance to property line below

Front Setback:	**Left Side Setback:**	**Right Side Setback:**	**Rear Setback:**

Description of Construction

Building Height:	**# of A/C Units:**	**Walkout:**	**Garden Level:**

Soil Report Number:	**Number of Stories:**	**Area of finished basement:**	
By:	**Area of 1st floor:**	**Area of unfinished basement:**	
Foundation Type:	**Area of 2nd floor:**	**Area of garage:**	**# spaces:**
Engineer:	**Area of 3rd level (tri-level):**	**Area of uncovered deck:**	
Basement Floor Type:	**Area of 4th level (quad-level):**	**Area of covered deck:**	
# of Bedrooms:	**TOTAL AREA:**	**Area of patio cover:**	
# of Bathrooms:	**# of Fireplaces:**	**Area of covered front porch:**	

It is the owner's responsibility to obtain any Home Owners' Association and/or Architectural Control Committee approvals that may be applicable. 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 Legibly:**	**Date:**

↓ ↓ ↓ Office Use Only ↓ ↓ ↓

Building Dept. Approval:	**Plan Review Fee:**	**Date:**