



COMMUNITY DEVELOPMENT: BUILDING DEPARTMENT

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Date Received		NEW ONE & TWO FAMILY DWELLING PERMIT APPLICATION		Permit Number	
Address of Proposed Construction			Subdivision		Lot Block
Property Owner				Owner Phone Number	
Owner's Address (if different from above)				City, State, Zip	
Contractor			Contractor Phone Number		Contractor License Number
Contractor Address				City, State, Zip	
Job Contact Name			Contact Office Phone Number		Contact Mobile Phone Number
Job Contact EMail Address			Job Contact Title		
Model / Plan Number:			Elevation:		New Model:
Project Valuation (Including total value of work, materials, labor, overhead and profit.) BMC §15-03-100					
Trade	Valuation	Name of Subcontractor			
General:	\$				
Electrical:	\$				
HVAC:	\$				
Plumbing:	\$				
Fire Sprinkler:	\$				
Subtotal:	\$				
Lawn Sprinkler:	\$				
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					
Walkout:	Accessible Type: A B C			IECC Compliance Method (Please check one) Prescriptive Performance	
Building Height:		Number of Stories:		Area of finished basement:	
Soil Report Number:		Area of 1st floor:		Area of unfinished basement:	
By:		Area of 2nd floor:		Area of garage: Spaces:	
Foundation Type:		Area of 3rd level:		Area of uncovered deck:	
Engineer:		Area of 4th level:		Area of covered deck:	
Basement Floor Type:		Total Area:		Area of patio cover:	
# of Bedrooms:	# of Bathrooms:	# of Fireplaces:	# of A/C Units:	Area of covered front porch:	
Affordable Housing Square footage:			Fire Sprinkler system Type: P2904 13D		
It is the owner's responsibility to obtain any Homeowners 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. <i>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.</i>					
Signature:			Print Name:		Date:
Office Use Only					
Building Dept. Approval:			Plan Review Fee:		Date: