TOWN OF GYPSUM
P.O. BOX 130
GYPSUM, CO 81637
(970) 524-7688

BUILDING PERMIT APPLICATION

BUILDING PERMIT NO. _____

Applicant to complete spaces numbered only.

1	JOB ADDRESS			PARCEL#	
2	LEGAL DESCR.	LOT NO.	BLK	FILING	SUBDIVISION
3	OWNER	MAIL ADDRESS	TOWN	ZIP	PHONE NO.
4	CONTRACTOR	MAIL ADDRESS	TOWN	STATE	ZIP
	CONTRACTOR CONTACT PERSON	PHONE NO.			
5	ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	LICENSE NO.	
6	ENGINEER	MAIL ADDRESS	PHONE	LICENSE NO.	
7	USE OF BUILDING ☐ **RESIDENTIAL** ☐ **COMMERCIAL** ☐ **INDUSTRIAL** ☐ **OTHER**				
8	CLASS OF WORK: ☐ **NEW** ☐ **ADDITION** ☐ **ALTERATION** ☐ **REPAIR** ☐ **MOVE** ☐ **REMOVE**				
9	DESCRIBE WORK:				

10 VALUATION OF WORK: $	15 ACREAGE OR SQUARE FOOTAGE OF LOT
11 MAXIMUM OCCUPANCY LOAD	16 LOT COVERAGE - Includes Overhangs
12 TYPE OF HEATING GAS ☐ ELECTRIC ☐ OTHER ☐	17 IMPERVIOUS COVERAGE OF LOT
13 WATER SOURCE PUBLIC ☐ PRIVATE ☐ / 14 SEWER SYSTEM PUBLIC ☐ PRIVATE ☐	18 TOTAL FLOOR AREA OF HOUSE (SQ. FT.) Finished_____ / Unfinished_____
Special Conditions:	19 TOTAL FLOOR AREA OF GARAGE (SQ. FT.)
	20 NUMBER OF STORIES
	21 HEIGHT OF STRUCTURE ABOVE GRADE
	22 NUMBER OF DWELLING UNITS
	23 NUMBER OF OFF STREET PARKING SPACES
	24 DESIGN REVIEW APPROVAL YES NO DATE
PERMIT FEE	USE TAX
PLAN CHECK FEE	WATER SEWER FEES
TOTAL FEE	HUD / UBC FEES

NOTICE!! READ BEFORE SIGNING

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL (HEATING, VENTILATING OR AIR CONDITIONING).

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

_____
SIGNATURE OF CONTRACTOR (DATE)

_____
SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

SITE PLAN MUST BE INCLUDED WITH THIS APPLICATION