

TOWN OF GYPSUM
 3293 COOLEY MESA ROAD
 P.O. BOX 130
 GYPSUM, CO 81637
 (970) 524-7688 Phone
 (970) 524-7679 Fax

PLUMBING PERMIT APPLICATION

BUILDING PERMIT NO. _____

Applicant to complete numbered spaces only.

| | | | |
|---|--|-----------------|--------------------------|
| JOB ADDRESS | | | |
| 1 | | | |
| SUBDIVISION | | FILING | LOT |
| 2 | | | |
| OWNER'S NAME | | | |
| 3 | | | |
| OWNER'S MAILING ADDRESS | | CITY | STATE ZIP |
| 4 | | | |
| OWNER'S PHONE | | FAX | MOBILE |
| 5 | | | |
| PLUMBING CONTRACTOR'S NAME | | LICENSE NO. | |
| 6 | | | |
| CONTRACTOR'S MAILING ADDRESS | | CITY | STATE ZIP |
| 7 | | | |
| CONTRACTOR'S PHONE | | FAX | MOBILE |
| 8 | | | |
| ENGINEER'S NAME | | LICENSE NO. | |
| 9 | | | |
| ENGINEER'S MAILING ADDRESS | | CITY | STATE ZIP |
| 10 | | | |
| ENGINEER'S PHONE | | FAX | MOBILE |
| 11 | | | |
| USE OF BUILDING | | | |
| 12 <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER | | | |
| CLASS OF WORK: | | | |
| 13 <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE | | | |
| DESCRIBE WORK: | | | |
| 14 | | | |
| VALUATION OF WORK: \$ | | | |
| 15 | | | |
| APPLICATION ACCEPTED BY | | PLAN CHECKED BY | APPROVED FOR ISSUANCE BY |

NOTICE

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 STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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