



Single Family - Duplex Application

MAIN: 720-898-7620/ FAX: 720-898-7603/WEBSITE: www.arvada.org

PROJECT ADDRESS: _____ LOT _____ BLOCK _____

SUBDIVISION _____ FILING _____ COUNTY _____

MODEL _____ PLAN NUMBER _____

OWNER _____ ADDRESS _____

PHONE _____ CITY _____ ZIP _____

CONTRACTOR _____ ARVADA LICENSE NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMERGENCY NUMBER _____

APPLICANT (IF DIFFERENT FROM OWNER) _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

1ST FLOOR S/F _____ 2ND FLOOR S/F _____ 3RD FLOOR S/F _____

BASEMENT TOTAL S/F _____ UNFINISHED S/F _____ FINISHED S/F _____

COVERED PORCH S/F _____ DECK S/F _____ COVERED DECK S/F _____

COVERED PATIO S/F _____ GARAGE S/F _____ OTHER COVERED S/F _____

UNFINISHED AREA 1ST/2ND/3RDFLOOR S/F _____ OTHER (PLEASE DETAIL) S/F _____

WALK OUT BASEMENT ___ YES ___ NO SOLAR PANELS ___ YES ___ NO - PLANS REQUIRED

THE ISSUANCE OF A PERMIT, INSPECTIONS OR CERTIFICATE OF OCCUPANCY SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, NOR AN APPROVAL OF, ANY VIOLATION OF THE INTERNATIONAL BUILDING CODES OR ANY OTHER CODE OR ORDINANCE ADOPTED BY THE CITY OF ARVADA. BY SIGNING BELOW I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT ALL INFORMATION IS CORRECT AND AGREE NOT TO START THIS PROJECT UNTIL THIS APPLICATION IS APPROVED AND THE BUILDING PERMIT IS ISSUED. I ALSO AGREE TO COMPLY WITH THE LAWS OF THE STATE OF COLORADO AND TO THE ZONING REGULATIONS AND INTERNATIONAL BUILDING CODES AS ADOPTED BY THE CITY OF ARVADA AND AS APPLICABLE. ANY VIOLATION OF THESE TERMS WILL BE CAUSE FOR IMMEDIATE REVOCATION OF THIS PERMIT.

SIGNATURE APPLICANT/AGENT

PRINT NAME

DATE

PROJECT VALUATION \$ _____

REQUIRED



COMMUNITY DEVELOPMENT

ADDRESS _____ LOT _____ BLOCK _____ Phone # _____

SUBDIVISION _____ FILING _____

HOUSE, GARAGE & COVERED AREAS OF LOT (SQ/FT) _____ FLOOD PLAIN YES _____

LOT SQUARE FOOTAGE _____ WIDTH _____ DEPTH _____ COVERAGE _____ %

SETBACKS FROM PROPERTY LINE (CIRCLE FRONT) NORTH _____ SOUTH _____ EAST _____ WEST _____

1ST FLOOR S/F _____ 2ND FLOOR S/F _____ COVERED PORCH S/F _____ DECK S/F _____

3RD FLOOR S/F _____ GARAGE S/F _____ PATIO COVER S/F _____ BASEMENT S/F _____

TOTAL UNFINISHED S/F _____ FINISHED S/F _____ WALKOUT ? YES _____ NO _____

OTHER COVERED AREAS S/F _____

*******SITE PLAN MUST SHOW ALL SIDES OF LOT AND WHAT IS NEXT TO THE LOT*******
*******DOCUMENT SIZE 8-1/2" X 14" MAXIMUM AND READABLE*******

CORNER? LOT YES _____ NO _____ HOME MODEL _____ PLAN NUMBER _____

ELEVATION _____ ALREADY APPROVED BY PLANNER YES _____ NO _____

EXTERIOR FINISH _____ ROOF _____ % OF MASONRY ON FRONT _____

FENCES AND RETAINING WALLS (OVER 30 INCHES IN HEIGHT) REQUIRE SEPERATE PERMITS
EVEN IF SHOWN ON PLANS OR IS ATTACHED TO THE BUILDING

DESCRIBE ANY SPECIAL EASEMENTS, SETBACK ISSUES OR LOT CONDITIONS

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

CODE ENFORCEMENT APPROVAL _____ DATE _____

PLANNER APPROVAL _____ DATE _____

SPECIAL CONDITIONS/REQUIREMENTS _____

ENGINEERING & STORM WATER MANAGEMENT



ADDRESS _____ LOT _____ BLOCK _____

SUBDIVISION _____ FILING _____

HAVE YOU MADE ARRANGEMENTS WITH ENGINEERING FOR THE IMPROVEMENTS?

CURB & GUTTER _____ STREET PAVING _____ SEWER _____

STORM DRAINAGE _____ FLOOD PLAIN YES _____ NO _____

WALKOUT BASEMENT? YES _____ NO _____

SITE PLAN WITH CONTOURS AND DRAINAGE (SEPERATE FROM OTHER SITE PLANS REQUIRED)

DESCRIBE DRAINAGE PLAN _____

DESCRIBE ANY SPECIAL DRAINAGE ISSUES _____

LOTS 10,000 SQUARE FEET & LARGER REQUIRE A SITE DEVELOPMENT PERMIT FROM STORM WATER MANAGEMENT

PERMIT NUMBER FROM STORM WATER MANAGEMENT _____ (IF REQUIRED)

APPLICANT SIGNATURE _____

OFFICE USE ONLY

ENGINEERING DEPARTMENT _____ DATE _____

FLOOD PLAIN APPROVED BY _____ DATE _____

STORM WATER MANAGEMENT _____ DATE _____

SPECIAL REQUIREMENTS _____

BUILDING REQUIREMENTS

FIREPLACES # _____ MANUFACTURER _____ MODEL# _____

FURNACE MAKE _____ MODEL# _____ BTU _____

EFFICIENCY _____ % GAS FORCED AIR _____ BOILER _____ RADIANT _____ OTHER _____

MANUAL J, MANUAL D & RES/CHECK MUST BE PROVIDED - 2006 IRC COMPLIANT

AIR CONDITIONER SIZE IN TONS _____ MANUFACTURER _____ MODEL# _____

METHOD TO MEET 2006 ENERGY CODE? PRESCRIPTIVE _____ TOTAL UA _____ PREFORMANCE _____

DETAIL YOUR METHOD TO MEET THE 2006 IRC CHAPTER 11- (ENERGY EFFICIENCY) _____

ALL MECHANICAL EQUIPMENT AND GAS PIPING MUST BE LISTED ABOVE. EQUIPMENT NOT SPECIFICALLY LISTED ON THIS APPLICATION WILL NOT BE INCLUDED ON THIS PERMIT. A SEPARATE PERMIT, PLANS AND FEES WILL BE REQUIRED.

PLUMBING-INDICATE THE NUMBER OF EACH FIXTURE TYPE

	#		#		#
KITCHEN SINK		SHOWER		FLOOR DRAIN	
HAND SINK		SHOWER/TUB COMBO		DRINKING FOUNTAIN	
BAR SINK		TOILET		WATER HEATER	
DISHWASHER		BIDET		WATER SOFTENER	
LAUNDRY TUB		UTILITY SINK		ROOF DRAIN	
BATHTUB		BASEMENT STUBS		URINAL	
CLOTHES WASHER		HOSE BIBS		OTHER	

*****LAWN SPRINKLERS REQUIRE A SEPARATE PERMIT*****

ELECTRICAL OUTSIDE MAIN DISCONNECT REQUIRED

ADDING WIRING FOR HOT TUB? _____ YES _____ NO/PRE-WIRE FOR A/C? _____ YES _____ NO

SERVICE SIZE _____ UNDERGROUND _____ OVERHEAD _____

BUILDING APPROVAL DATE _____

APPLICANT SIGNATURE DATE _____

PRINT NAME



CITY OF ARVADA

SUB-CONTRACTOR PERMIT SIGNATURE FORM

PROJECT ADDRESS: _____ PERMIT #: _____
GENERAL CONTRACTOR: _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OF PERMIT ISSUANCE DATE 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 ENFORCED BY THE CITY OF ARVADA 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 ADOPTED CODES UNDER WHICH THE PERMIT IS ISSUED NOR ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

ELECTRICAL

COMPANY NAME: _____ STATE LIC. # _____
ADDRESS: _____ PHONE: _____
ARVADA REGISTRATION #: _____ EXPIRES: _____

Signature of Contractor _____ Date _____

PLUMBING

COMPANY NAME: _____ STATE LIC. # _____
ADDRESS: _____ PHONE: _____
ARVADA LICENSE #: _____ EXPIRES: _____

Signature of Contractor _____ Date _____

MECHANICAL

COMPANY NAME: _____ STATE LIC. # _____
ADDRESS: _____ PHONE: _____
ARVADA LICENSE #: _____ EXPIRES: _____

Signature of Contractor _____ Date _____