



CITY OF ARVADA

PERMIT NUMBER

ELECTRICAL

BUILDING INSPECTION DIVISION

8101 RALSTON RD • ARVADA • CO • 80002

OFFICE 720-898-7620 • INSPECTION LINE 720-898-7630 • FAX 720-898-7603 • www.arvada.org

JOB ADDRESS _____ ZIP _____

OWNER _____ PHONE _____

ADDRESS _____ ZIP _____

CONTRACTOR _____

LIC. NUMBER _____ PHONE _____

Please select the type of work that will be completed and include amperage and model of appliance if applicable

NEW SERVICE		REMODEL	
SERVICE AMPERE RATING		SERVICE CHANGE	
ELECTRIC WALL HEATER KW		ELECTRIC FURNACE KW	
CONSTRUCTION METER		OTHER	

TOTAL \$ _____

PLEASE DESCRIBE THE PROJECT (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 OR OTHER CODE OR ORDINANCE ADOPTED BY THE CITY OF ARVADA. I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE NOT TO START THIS PROJECT UNTIL THIS APPLICATION IS APPROVED AND VALIDATED, AND SHALL COMPLY WITH THE LAWS OF THE STATE OF COLORADO AND TO THE ZONING REGULATIONS AND INTERNATIONAL BUILDING CODE AS ADOPTED BY THE CITY OF ARVADA. ANY VIOLATION OF THE ABOVE NOTED TERMS WILL CAUSE IMMEDIATE REVOCATION OF THIS PERMIT.

(PRINT NAME)

BUILDING DEPT APPROVAL DATE

APPLICANT SIGNATURE DATE