



CITY OF ARVADA

PERMIT NUMBER

MECHANICAL

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 _____

ARVADA LICENSE NUMBER: _____ EXPIRES: _____ PHONE _____

ELECTRICIAN YES NO ARVADA LICENSE NUMBER: _____ EXPIRES: _____

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

REMODEL		GAS FORCED AIR	
WATER HEATER (GAL)		HEAT PUMP	
AIR CONDITIONER		GREASE HOOD	
CFM		EXHAUST FAN	
FIRE PLACE		OTHER	

ELECTRICAL VALUATION: \$ _____

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