



PERMIT NUMBER

PERMIT NUMBER

MISCELLANEOUS

BUILDING INSPECTION DIVISION
8101 Ralston Road, Arvada, Co 80002
OFFICE 720-898-7620 • FAX 720-898-7603 • Inspection line 720-898-7630
www.arvada.org

COMMERCIAL SINGLE-FAMILY MULTI-FAMILY

JOB ADDRESS _____ ZIP _____
OWNER _____ PHONE _____
ADDRESS _____ ZIP _____
BUSSINESS NAME: _____

CONTRACTOR _____
ARVADA LICENSE NUMBER _____ EXPIRATION?: _____ PHONE _____

SELECT ANY OF THE FOLLOWING THAT APPLY:

- SIDING (NOTES I. GROUNDING OF METAL SIDING MUST CONFORM TO CURRENT NATIONAL ELECTRICAL CODE)
RETAINING WALL MATERIAL: _____ MAXIMUM HEIGHT: _____ TOTAL LINEAR FEET: _____
WINDOWS REPLACING WINDOWS: # _____ NEW WINDOWS AND FRAMED OPENING? Y N REPLACING BASEMENT WINDOWS? Y N

PLEASE DESCRIBE PROJECT (REQUIRED):

TOTAL VALUATION \$ _____.

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 ADOPEY BY THE CITY OF ARVADA. ANY VIOLATION OF THE ABOVE NOTED TERMS WILL CAUSE IMMEDIATE REVOCATION OF THIS PERMIT.

_____(PRINT NAME)

BUILDING DIVISION APPROVAL DATE

APPLICANT SIGNATURE DATE