



CITY OF ARVADA

PERMIT NUMBER

MECHANICAL

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

COMMERCIAL SINGLE FAMILY DUPLEX MULTI-FAMILY

JOB ADDRESS _____ ZIP _____

OWNER _____ PHONE _____

ADDRESS _____ ZIP _____

CONTRACTOR _____

ARVADA LICENSE NUMBER: _____ PHONE _____

ELECTRICIAN YES NO ARVADA LICENSE NUMBER: _____

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

AIR CONDITIONER	NEW <input type="checkbox"/>	REPLACE <input type="checkbox"/>	GAS PIPE	
BOILER			GREASE HOOD	
EVAPORATIVE COOLER			HEAT PUMP	
EXHAUST FAN			RADIANT HEAT	
FIRE PLACE			WATER HEATER (GAL) GAS <input type="checkbox"/>	
GAS FORCED AIR			OTHER	

MECHANICAL VALUATION: \$ _____

ELECTRICAL VALUATION: \$ _____

TOTAL \$ _____

PLEASE DESCRIBE THE PROJECT (REQUIRED):

THE ISSUANCE OF A PERMIT, ANY INSPECTIONS MADE OR CERTIFICATE OF OCCUPANCY ISSUED 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.

PRINT NAME

BUILDING DEPT APPROVAL

DATE

APPLICANT SIGNATURE

DATE