APPLICATION NUMBER

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, ANY INSPECTIONS MADE 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 UNTILTHIS 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**

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_____ **PROJECT VALUATION $**_____**REQUIRED**

DATE **********

COMMUNITY DEVELOPMENT

CONTRACTOR_____PHONE_____

JOB ADDRESS_____LOT_____BLOCK_____MODEL_____

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 _____OTHER_____

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

CONTRACTOR_____**PHONE**_____

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____ PERFORMANCE _____

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___

_____ DATE_____ _____DATE_____

BUILDING APPROVAL APPLICANT SIGNATURE

_____

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_____