



## Single Family - Duplex Application

MAIN: 720-898-7620/ FAX: 720-898-7603/WEBSITE: www.arvada.org

Single Family

Duplex

Multi-family

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 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.

\_\_\_\_\_  
SIGNATURE APPLICANT/AGENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

PROJECT VALUATION \$ \_\_\_\_\_

\*\*\*\*\*

**REQUIRED**

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**COMMUNITY DEVELOPMENT**

ADDRESS \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





# 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 \_\_\_\_\_