



CITY OF ARVADA

PLUMBING PERMIT NUMBER

BUILDING INSPECTION
Main Number: 720-898-7620
Inspection Request: www.arvadabuild.org OR 720-898-7630
Fax: 720-898-7603
City Website: www.arvada.org

- Commercial Single-Family Duplex Multi-Family

JOB ADDRESS _____ ZIP _____

OWNER _____ PHONE _____

ADDRESS _____ ZIP _____

CONTRACTOR _____

ARVADA LICENSE NUMBER _____ PHONE _____

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

ADDITION/REMODEL		WATER HEATER (GAL)	GAS <input type="checkbox"/>	ELECTRIC <input type="checkbox"/>
FIRE SPRINKLER		BOILER		
FLOOR DRAIN		GREASE TRAP SIZE		
GAS PIPE		OTHER		

LAWN SPRINKLER TAP TYPE: INSIDE OUTSIDE BACKFLOW DEVICE:

TOTAL CONTRACT VALUATION \$ _____

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