



# CITY OF ARVADA

**MECHANICAL  
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 \_\_\_\_\_

ELECTRICAL WORK     YES     NO

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