

TOWN OF KIOWA
P.O.Box 237
404 Comanche St
Kiowa, CO 80117
Phone; 303-621-2366
Fax: 303-621-2595

Permit #: _____	
Job Address: _____	
Parcel ID: _____	Lot: _____
Subdivision: _____	Block: _____

Signature of Owner/Authorized Agent:	Application Date:
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Description of Work:

Property Owner:	Phone:
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Mailing Address:	Physical Address:
Email Address:	

Primary Contractor/Contact Person:	License #:
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Contractor Address:	Email:	Phone:
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Service Contractor/Contact Person:	License #:
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Contractor Address:	Phone:
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Service Contractor/Contact Person:	License #:
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Contractor Address:	Phone:
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Service Contractor/Contact Person:	License #:
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Contractor Address:	Phone:
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IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE ITEMS

<u>SQUARE FOOTAGE</u> Main Floor _____ Add. Floors _____ Basement _____ Crawlspace _____ Covered Porch _____ Decks _____ Garage _____ Other _____	<u>PROPOSED USE</u> Residential ____ One Family ____ Multi Family: Enter number of units - _____ ____ Hotel, motel, or dormitory-Enter number of units - _____ ____ Garage: Single _____ Double _____ Attached _____ Detached _____ ____ Carport: Attached _____ Detached _____ ____ Patio: Attached _____ Detached _____ ____ Basement: Partial _____ Full _____ Finished _____ Unfinished _____ ____ Fireplace: Masonry _____ 0-Clearance _____ ____ Other _____ Commercial ____ Shell Only _____ Sign _____ ____ Tenant Finish _____ Change of Occupancy _____ ____ Remodel /Addition _____ ____ New Building _____	<u>TYPE OF HEAT</u> ____ Gas LP or NG ____ Electricity ____ Solar ____ Other _____ <u>SEWAGE DISPOSAL</u> ____ Public ____ Individual <u>WATER SUPPLY</u> ____ Private ____ Public	<u>IMPROVEMENT TYPE</u> ____ New Building ____ Addition ____ Remodel \ Finish ____ Repair, replacement ____ Fence ____ Roof ____ Other _____ <u>CONSTRUCTION TYPE</u> ____ Wood Frame ____ Structural Steel ____ Masonry ____ Other _____ NOTES:
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<u>TOTAL VALUE</u> Building Valuation \$ _____ Use Tax Valuation \$ _____	<u>DEMOLITION</u> ____ Site Plan ____ State Permit ____ Asbestos Permit	<u>OCCUPANCY</u> Classification _____ Construction Type _____ Separated _____ Non-Separated _____	<u>MISCELLANEOUS</u> # of stories: _____ Lot Size: _____ Parking Spaces _____ Enclosed _____ Outdoors _____
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FOR OFFICE USE ONLY:

FEES: Total: _____ Deposit: _____ ____ Permit Fee: _____ ____ Plan Review: _____ ____ Use Tax: _____ ____ Water Tap: _____ ____ Sewer Tap: _____	OTHER FEES: ____ Other (Amt.) _____ Description: _____ ____ Other (Amt.) _____ Description: _____	SETBACKS: Front: _____ Back: _____ Side1: _____ Side2: _____	REQ: _____ _____ _____ _____	<u>RESIDENTIAL ONLY</u> # of Bedrooms _____ # Full Baths _____ # 3/4 Baths _____ # 1/2 Baths _____
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The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Municipality and Building Codes governing location, construction and erection of the above proposed work for which the permit is granted. The Municipality or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the codes or regulations applicable may result in the revocation of this permit.

Buildings **MUST** conform with plans, as submitted to the Municipality. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day's notice to perform such activities.

In the event construction is not commenced within 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable.

Accepted By:	Approved by Town/City Official:
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