

11/04

**STICK BUILT RESIDENTIAL
BUILDING PERMIT APPLICATION**

PERMIT NO. _____

450 West Main Street - P O Box 90
New Castle, CO 81647
Phone: (970) 984-0812 Fax: (970) 984-0486
E.Mail Address: newcastlecolorado.org

ZONE DISTRICT: _____

OCCUPANCY: _____

TYPE OF CONSTRUCTION: _____

Job address: _____

Legal Description: _____

Lot No. _____ Block _____ Filing _____ Subdivision _____

Owner: _____ Phone No. _____

Mailing address: _____

E.Mail Address: _____

Contractor: _____ License: _____ Phone No. _____

E.Mail Address: _____

Engineer: _____ License: _____ Phone No. _____

Describe Work: _____ New _____ Repair _____

Sq ft of Lot (s): _____ Lot Coverage (Include Overhangs) _____

Total Sq ft or Linear ft of project _____ Number of Stories _____

Number of Dwelling Units _____

NOTICE – READ BEFORE SIGNING

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 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 any other state or local law regulating construction or the performance of construction.

**** REMINDER ****

You must call for utility locates at 1-800-922-1987 at least 3 business days prior to digging for your project to prevent possible fines.

Signature of Contractor / Date

Signature of Owner / Date

For office use only:

Building Plan Submittal Checklist:
(Must submit three sets of each)

- _____ **Construction Plans**
- _____ **Drainage Plan**
- _____ **Location of water meter in pit at curb stop**
- _____ **Original wet stamped soils reports**
- _____ **Original wet stamped engineered foundation design**
- _____ **Site plans indicating distances from structure to property lines**
- _____ **Letter of approval from home owners association (if applicable)**
- _____ **Completed application**

Valuation: _____
Permit Fee: _____
Plan Ck Fee: _____
Use Tax: _____

Deposit: _____
Date Paid: _____
Receipt #: _____

Water Tap Fee: _____
Sewer Tap Fee: _____
Irrigation Tap Fee: _____
Water Meter: _____
Impact Fee: _____
Parkland Fee: _____

Balance Due: _____
Date Paid: _____
Receipt #: _____

Plumbing Permit: _____
Mechanical Permit: _____

Bldg Dept Approval: _____
Planning Dept Approval: _____

Total: _____

Flood Plain: Yes () No ()
(If yes, see attached comments)
Approved By: _____