



Town of New Castle Building Dept.
450 West Main Street
New Castle, CO 81647
970-984-2311
www.newcastlecolorado.org
permitting@newcastlecolorado.org

PLUMBING PERMIT

Job Address:		
Subdivision:	Block No:	Lot No:
Owner:		Phone:
Owner's Address:		
Plumbing Contractor:		Phone:
Contractor's Email Address:		
*Contractor's Town of New Castle Business License No:		

*Business License status verified through the Town Clerk.

SCOPE OF PROJECT	Valuation (estimated cost of materials+labor):	\$
Submit any necessary installation and owner's manuals electronically (email address above).		
Below, provide make, model, size, and efficiency of both existing and replacement appliances:		

PLUMBING PERMIT FEES			
QTY	ITEM	AMOUNT	SUBTOTAL
	Installation of each plumbing fixture or appliance	\$25	\$
	Installation of each new dwelling plumbing system	\$150	\$
	Installation of additional vent or drain	\$25	\$
	Other:	\$50	\$
FEE SUBTOTAL:			\$
AGREEMENT			
I hereby certify that I have read and examined this application and know that all information is 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.			

Signature of Contractor	Date	Signature of Owner	Date

For Town Use Only			
APPLICATION FEE: \$75	FEE SUBTOTAL: \$	TOTAL DUE: \$	
PERMIT #:	Issued Date:	Exp. Date:	Issued By: