

**COMMERCIAL  
BUILDING PERMIT APPLICATION**

450 West Main Street - PO Box 90  
New Castle, CO 81647  
Phone: (970) 984-2311 Fax: (970) 984-2716  
E-Mail Address: timc@newcastlecolorado.org

PERMIT NO. \_\_\_\_\_

ZONE DISTRICT: \_\_\_\_\_

OCCUPANCY: \_\_\_\_\_

Job address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Filing \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email Address: \_\_\_\_\_

General Contractor: \_\_\_\_\_ License#: \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Engineer/Architect \_\_\_\_\_ License#: \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Electrician: \_\_\_\_\_ License#: \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Plumber: \_\_\_\_\_ License#: \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mechanical: \_\_\_\_\_ License#: \_\_\_\_\_ Phone No. \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Describe Work: \_\_\_\_\_

New \_\_\_\_\_ Repair \_\_\_\_\_ Remodel \_\_\_\_\_

Sq ft of Lot (s): \_\_\_\_\_ Lot Coverage (Include Overhangs) \_\_\_\_\_

Total Sq ft or Linear ft of project \_\_\_\_\_ Number of Stories \_\_\_\_\_

Number of Commercial Units \_\_\_\_\_ Number of Dwelling Units \_\_\_\_\_

**NOTICE – READ BEFORE SIGNING**

This permit requires progress inspections or other inspections within 180 days and becomes null and void after 12 months from date of issuance. If more time is needed to complete project you must file for an extension at least 30 days prior to expiration of this permit

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.**

_____	_____	_____	_____
<b>Signature of Contractor</b>	<b>Date</b>	<b>Signature of Owner</b>	<b>Date</b>

**Building Plan Submittal Checklist: (Must submit 2 sets of each)**

**Contractor Please initial:**

- \_\_\_\_\_ **Construction Plan**
- \_\_\_\_\_ **Drainage Plan**
- \_\_\_\_\_ **Location of utilities on property**
- \_\_\_\_\_ **Original wet stamped soils report**
- \_\_\_\_\_ **Original wet stamped engineered foundation design**
- \_\_\_\_\_ **Site plan indicating all improvements, easements, measurements**
- \_\_\_\_\_ **Landscaping Plan including size/diameter and species of shrubs and trees**
- \_\_\_\_\_ **Letter of approval from HOA or architectural committee (if applicable)**
- \_\_\_\_\_ **Completed permit application**
- \_\_\_\_\_ **Deposit check**

\*\*\*\*\*

**For office use only:**

**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:** \_\_\_\_\_

**Recreation fee:** \_\_\_\_\_

**Plumbing Permit:** \_\_\_\_\_

**Mechanical Permit:** \_\_\_\_\_

**Balance Due:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**Bldg Dept Approval:** \_\_\_\_\_

**Planning Dept Approval:** \_\_\_\_\_

**Flood Plain: Yes ( ) No ( )**  
**(If yes, see attached comments)**

**Total:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_