



**RESIDENTIAL
BUILDING PERMIT APPLICATION**

450 West Main Street - PO Box 90
New Castle, CO 81647

Phone: (970) 984-2311 Fax: (970) 984-2716
Email Address: timc@newcastlecolorado.org

PERMIT NO. _____
ZONE DISTRICT: _____
OCCUPANCY: _____
TYPE OF CONSTRUCTION: _____

Project Address: _____

Subdivision: _____ Block: _____ Lot: _____ HOA Approval required? Y N

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#: _____

- New Remodel Addition Basement Finish Reroof Solar Installation Deck/Porch
Porch Cover/Carport Garage Factory Built Housing: HUD ____ IRC ____ Other _____

Describe Work: _____

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

Total Sq ft of project _____ Number of Stories _____ Number of Dwelling Units _____

Basement? Y N Is your project in a flood plain? Y N Project Valuation: \$ _____

NOTICE – READ BEFORE SIGNING

This permit requires progress inspections or other inspections within 180 days and becomes null and void after 18 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 to prevent possible fines.**

Signature of Contractor

Date

Signature of Owner

Date

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: _____
 Review 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 #: _____

Total: _____

Bldg. Dept. Approval: _____
 Planning Dept. Approval: _____

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

Approved By: _____