## 1/23 PERMIT NO.\_\_\_\_\_ MISC BUILDING PERMIT APPLICATION (sheds, roofs, decks, fences, sprinkler systems, etc) ZONE DISTRICT 231 North 7th Street - P.O. Box 70 Silt, CO 81652 Phone (970) 876-2353 Ext. 110 Fax (970) 876-2937 Use of Property\_\_\_\_\_ Job Address: Legal Description: Lot No. Block Subdivision Owner: Phone No. Email Address: Mailing Address: Contractor: \_\_\_\_\_ Town of Silt License #: \_\_\_\_ Phone No. \_\_\_\_\_ Contractor's Email Address: Describe Work: New \_\_\_\_\_ Repair \_\_\_\_\_ Sq ft of Lot (s): \_\_\_\_\_ Lot Coverage (Include Overhangs): \_\_\_\_ Total Sq ft or Linear ft of project: \_\_\_\_ Total Project Valuation: \$\_\_\_\_\_ Total Material Valuation: \$\_\_\_\_\_ Notice – READ AND INITIAL BEFORE SIGNING This permit expires 180 days from the date of issuance. I 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 811 or 1-800-922-1987 at least 3 business days prior to digging for your project to prevent possible fines. The law has changed regarding rules for excavation. For more information, call the number above or go to the Colorado Utility Notification website: www.colorado811.org Signature of Contractor / Date Signature of Owner / Date Valuation: Total Due: \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_\_ Date Paid: Plan Ck Fee: \_\_\_\_\_ Receipt #: **Use Tax:** \_\_\_\_\_ Plumbing Permit: Bldg Dept Approval: \_\_\_\_\_Planning Dept Approval: \_\_\_\_\_ **Mechanical Permit:**



Billable Party Agreement			
Property Owner(s): Name:			Phone:
Company:			
Address:			
Authorized Rep.: Name:			Phone:
Company:			Fax:
Address:			
Billable Party: Owner	Representativ	<sup>7</sup> e	
inspecting, engineering, surveying and leg required if deemed necessary by Town St corrections or additions to the master of accompanying documents with the Count shall be imposed at a rate of 5% per mon addition to any and all remedies available to	gal services rende taff. The Billable copy of the offic ty Clerk and Recoth on all balances to the Town and in d to collect attorn	red in connection Party shall also re ial Town map a order of Garfield not paid within the event the To- ey's fees and cos	
Phone:	Email: _		
Type of Identification		Signature	
County of)  State of)	<b>§</b>		
Sworn to and subscribed before me this_	day of	(Month)	Year)
By Witness my hand and official seal			
(Notary Name)			(Notary Signature)
Notary Public My Commission Expires			(seal)