



Building & Inspection Services Division
7500 W. 29th Ave., Wheat Ridge, CO 80033
Office: 303-235-2855 * Fax: 303-237-8929
Inspection Line: 303-234-5933
Email: permits@ci.wheatridge.co.us

FOR OFFICE USE ONLY

Date:

Plan/Permit #

Plan Review Fee:

Building Permit Application

*** Please complete all highlighted areas on both sides of this form. Incomplete applications may not be processed. ***

Property Address:

Property Owner (please print): Phone:

Property Owner Email:

Tenant (Commercial Projects Only)

Property Owner Mailing Address: (if different than property address)

Address:

City, State, Zip:

Architect/Engineer:

Architect/Engineer E-mail: Phone:

Contractor:

City of Wheat Ridge License #: Phone:

Contractor E-mail Address:

For Plan Review Questions & Comments (please print):

CONTACT NAME (please print): Phone:

CONTACT EMAIL (please print):

Sub Contractors (Must provide Wheat Ridge License No.):

Electrical:
W.R. City License #

Plumbing:
W.R. City License #

Mechanical:
W.R. City License #

Other City Licensed Sub:
City License #

Other City Licensed Sub:
City License #

COMMERCIAL

RESIDENTIAL

Description of work: For **ALL** projects, provide a **detailed** description of work to be performed, including current use of areas, proposed uses, square footage, existing condition and proposed new condition, appliance size and efficiency, type and amount of materials to be used, etc.

Commercial Projects Only: Occupancy Type: _____ Construction Type: _____

Sq. Ft./LF _____ BTUs _____ Gallons _____

Amps _____ Squares _____

Project Value: (Contract value or the cost of all materials and labor included in the entire project)

\$

OWNER/CONTRACTOR SIGNATURE OF UNDERSTANDING AND AGREEMENT

I hereby certify that the setback distances proposed by this permit application are accurate and do not violate applicable ordinances, rules or regulations of the City of Wheat Ridge or covenants, easements or restrictions of record; that all measurements shown and allegations made are accurate; that I have read and agree to abide by all conditions printed on this application and that I assume full responsibility for compliance with applicable City of Wheat Ridge codes and ordinances for work under any permit issued based on this application; that I am the legal owner or have been authorized by the legal owner of the property to perform the described work and am also authorized by the legal owner of any entity included on this application to list that entity on this application. I, the applicant for this building permit application, warrant the truthfulness of the information provided on the application.

CIRCLE ONE: (OWNER) (CONTRACTOR) or (AUTHORIZED REPRESENTATIVE) of (OWNER) (CONTRACTOR)

Signature (first and last name): _____ **DATE:** _____

Printed Name: _____

DEPARTMENT USE ONLY

ZONING COMMENTS:

OCCUPANCY CLASSIFICATION: _____

Reviewer: _____

CONSTRUCTION TYPE: _____

BUILDING DEPARTMENT COMMENTS:

Reviewer: _____

PUBLIC WORKS COMMENTS:

Reviewer: _____

Building Division Valuation: _____