



City of Gunnison Building Office
 201 W. Virginia Ave., PO Box 239, Gunnison, CO 81230
 Phone # (970) 641-8151 Fax # (970) 641-8156

BUILDING PERMIT APPLICATION

Contact Information	Owner Mailing	Name		Provide if applicable:	
	Address				
	Contractor	Name		Address	
	Job Site Address	City	State/Zip	City	State/Zip
	Job Site Address	Phone #	Cell#	Phone #	Cell #
	Job Site Address	Street address:		Name	State License
	Legal Description		Address		
	Addition		City	State/Zip	
	Lot No.	Blk.	Phone #	Cell #	
	Assessor Parcel No:				

Permit Type	A. Action(s) Requested:		B. Mechanical/ Fuel Gas Permit Only	
	Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Addition <input type="checkbox"/>		Type of appliance:	
	New <input type="checkbox"/> Remodel <input type="checkbox"/> Storage <input type="checkbox"/> Other <input type="checkbox"/>		Cost of installation: \$	
	Manufactured Home <input type="checkbox"/> Certificate of Occupancy only <input type="checkbox"/>		Description of Work Requested /Comments:	
Installation / Replacement of Mechanical Unit only <input type="checkbox"/> (Complete Section B)				

Building Type	Brief description of project.		Construction Type:	
			<input type="checkbox"/> Standard wood framing, trusses, concrete foundation	
			<input type="checkbox"/> Metal framing, concrete foundation	
			<input type="checkbox"/> Block building	
			<input type="checkbox"/> Manufactured	
		<input type="checkbox"/> Alternative (describe)		

Planning & Zoning Information	Change of Use Information: Will the use of the structure change as a result of the project?		Zone District: R-1: <input type="checkbox"/> R1M: <input type="checkbox"/> R-2: <input type="checkbox"/> R2M: <input type="checkbox"/> R3: <input type="checkbox"/>		
	<input type="checkbox"/> No		C: <input type="checkbox"/> CBD: <input type="checkbox"/> I: <input type="checkbox"/> B-1: <input type="checkbox"/> PUD: <input type="checkbox"/>		
	<input type="checkbox"/> Yes		Side Yard Setback :	Height:	
	Explain:		Rear Yard Setback:	Area of Lot:	
	Is the property governed by a Homeowner's Association (HOA)?		Landscape Plan: No <input type="checkbox"/> Yes <input type="checkbox"/> (Attach Plan)		
<input type="checkbox"/> No <input type="checkbox"/> Yes Provide copy of architectural approval		Storm Drain Plan: No <input type="checkbox"/> Yes <input type="checkbox"/> (Attach Plan)			

Valuation & Square Footage	Estimated cost of the project. (Include material and labor)		Total square footage (SF) of structure*:	
	Owner's Valuation: \$		Residential SF*	Porch/ Deck SF
	For manufactured buildings, include cost of foundation and cost of unit:		Garage SF	Commercial SF*
	\$ _____		*exterior dimensions of building (excluding garage and porches) for each floor	

Signature	<p>Notice: Separate State issued permits are required for electrical and plumbing work. From the date of building permit issuance, the applicant has 180 days to commence work before the permit expires. By signing this application the applicant(s) acknowledges that the information provided above is true and correct and hereby agrees to comply with all provisions of laws, codes and ordinances governing this type of work and assumes responsibility for compliance with the approved plans.</p>			
	Date	Applicant Name (Printed)		Applicant Signature
(LETTER OF AUTHORIZATION REQUIRED IF APPLICANT IS NOT THE OWNER)				

For Office Use Only	Building Code Construction Type: VB <input type="checkbox"/> Other: _____		Date Received:
	Occupancy: R3 <input type="checkbox"/> Other: _____		
	Flood Plain: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes - provide Elevation Certificate		
	Plan Review Complete <input type="checkbox"/>		
	Building Office Approval: _____		
	BUILDING PERMIT # _____		
Date Paid/Issued: _____			