

**TOWN OF SILVER PLUME BUILDING PERMIT APPLICATION**  
*THE TOWN OF SILVER PLUME IS AN EQUAL OPPORTUNITY PROVIDER & EMPLOYER*

PERMIT # \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

<p><b>LOT SIZE</b> _____</p> <p><b>ZONE DISTRICT</b> _____</p> <p><b>SQUARE FOOTAGE:</b>                  Main Floor _____                  Add. Floors _____                  Basement _____                  Crawlspace _____                  Covered Porch _____                  Decks _____                  Garage _____                  Other _____</p> <p><b>SETBACKS:</b>                  Front Lot Setback _____                  Side Lot _____                  Rear Lot _____</p> <p><b>MISCELLANEOUS:</b>                   Type of heating:                  ___ Gas or LP                  ___ Electric                  ___ Solar                  ___ Other _____</p>	<p># Bedrooms _____</p> <p># of Parking Spaces _____</p> <p># of Stories _____</p> <p>Height _____</p> <p><b>PROPOSED USE:</b></p> <p><b>Residential:</b>                  ___ One Family / Duplex                  ___ Multi Family - # Units _____                  ___ Hotel/Motel                  ___ Garage - single ___ dbl ___                  attached ___ detached ___                  ___ Carport -                  attached ___ detached ___                  ___ Patio - attached ___ detached ___                  ___ Basement -                  partial ___ full ___ finished ___                  unfinished ___                  ___ Fireplace -                  masonry ___ 0-clearance ___                  ___ Other _____</p>	<p>___ New Building                  ___ Addition                  ___ Remodel                  ___ Shell Only                  ___ Tenant Finish                  ___ Repair, Replacement                  ___ Other _____</p> <p><b>CONSTRUCTION TYPE:</b>                  ___ Wood Frame                  ___ Structural Steel                  ___ Masonry                  ___ Other _____</p> <p><b>DEMOLITION:</b>                  ___ Site Plan required                  ___ State Permit required                  ___ Asbestos Permit required</p> <p><b>OCCUPANCY</b>                  Classification _____                  Certificate of Occupancy issued                  _____                  (date)</p> <p><b>TOTAL VALUE:</b>                  Building Valuation \$ _____                  Use Tax Valuation \$ _____</p>
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PLEASE INCLUDE THE FOLLOWING:

1. Construction plans (Land Use Code Section 4.2.B)
2. Documentation of compliance with other permit and approval requirements of these Regulations (Land Use Code Section 4.2.C)

The applicant shall comply with all codes and regulations of the Town governing location and construction of the proposed work. The Town or its agents are authorized to order the immediate cessation of construction at any time a violation of the Building Permit approval or Town codes or regulations appears to have occurred, and such violation may result in the revocation of the Building Permit pursuant to Division 12 of the Town of Silver Plume Land Use Code.

Buildings must conform with the plans submitted to the Town for Building Permit approval. Any change of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

In the event construction is not commenced within 180 days of issuance of this permit, the permit is automatically void. Cessation of work for a period of 180 continuous days shall cause this permit to be void. Permits are not transferable.

\_\_\_\_\_  
Signature of owner, contractor or owner's representative

\_\_\_\_\_  
Date

**CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEES**

Permit Fee           \$ \_\_\_\_\_  
Use Tax               \$ \_\_\_\_\_  
Water Tap            \$ \_\_\_\_\_  
Sewer Tap            \$ \_\_\_\_\_  
Other:  
\_\_\_\_\_             \$ \_\_\_\_\_

**TOTAL FEES**       \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

\_\_\_\_\_  
APPROVED Building Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
APPROVED Planning and Zoning Board

\_\_\_\_\_  
Date

**SPACE FOR ADDITIONAL NOTES/CONDITIONS:**