RIO GRANDE COUNTY BUILDING PERMIT APPLICATION BUILDING DEPARTMENT

925 6TH Street, Room 208/ DEL NORTE, CO 81132/ (719) 657-9472/ FAX (719) 657-2514

PARCEL#		PERMIT #				
*Information on this application	on is Public Information	and is subj	ect to public access an	d review. (Colorado O	Open Records Act)
Identify Work covered by th	is permit:					
Legal Description of Land	Street Address					
Lot(s)_	Block		Subdivision			
Quarter	Section		Township		Ra	ange
Zoning of Construction Site			Lot Size			
Minimum Setbacks in Feet Are there ANY existing dwell	Front	Rear	Right	Le	eft	
Yes No	Describe	rty?				
Owner	Describe					
Owner Name						
Mailing Address						
City/State/Zip						
Home Phone	Work Phone			Phone		
Contractor	Is owner Co	ontractor?	Yes No)		
Company Name Contractor Name						
Mailing Address						
City/State/Zip						
Office Phone	Fax Phone		Cell	Phone		
*Mobile Home Size	X					
Make	Year M	Ianufactured	d			
Serial #	Previo	ıs Owners &	& Location			
*Re-roof						
Type of Material			No. of Squares	3.7	N	
No. of Layers	_		Complete Tear-off	Yes	No	
Building Information						
Square Footage	Basement		No. of Bedr	ooms	N	No. of Baths
First Floor	Addition		No. of Stor		=	
Second Floor	Garage		Basement F	inished	Yes	No
Third Floor	<u>Carport</u>		Fire Sprinkl	er System	Yes	No
Method of Construction	G: G: 1	36.1.1	26.12	. 1 1		1
Conventional Log IF CONSTRUCTION SITE IS	Straw Steel	Modular ICNATED		Adobe		ether
ELEVATION CERTIFICATE			IOU YEAR FLOOD P IO N/A	LAIN AKI	са, паз а	FLOOD
Type of Sewage Disposal	, <u>DDDI</u> (122 CDD (112		Type of Water Su	 pply	Colo D	iv of Water Resource
Public Individual (Sep	ptic Tank, etc.)		Public or Private C		Individ	lual(Well Cistern)
<u> </u>						
HAS COUNTY ROAD AC	CESS BEEN APPROV	ED BY RO	DAD & BRIDGE DE	PT? YES_	NO_	N/A
I have received a copy of	of the "Right to Fa	rm Policy	, ⁽¹ ,		=	
	4 60		1.1	, D: C	1.0	
A nonrefundable fee in	tne amount of \$, payable	to Kio G	rande Co	ounty, is required
to validate this permit.	n		D 4			
Check#	ву:		Date:			
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APPLICATION ACCEPTED BY:______ DATE_____