



BUILDING INSPECTION DIVISION
8101 Ralston Road, Arvada, Co 80002
 Inspection Requests: www.arvadapermits.org • 720-898-7630
 OFFICE 720-898-7620 • FAX 720-898-7603

New Single Family/Duplex/Townhome Application

PROJECT ADDRESS: _____ LOT _____ BLOCK _____

SUBDIVISION _____ FILING _____ COUNTY _____

MODEL _____ PLAN NUMBER _____

OWNER _____ ADDRESS _____

PHONE _____ CITY _____ ZIP _____

CONTRACTOR _____ ARVADA LICENSE NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMERGENCY NUMBER _____

EMAIL _____

APPLICANT (IF DIFFERENT FROM OWNER) _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

1ST FLOOR S/F _____ 2ND FLOOR S/F _____ 3RD FLOOR S/F _____

BASEMENT TOTAL S/F _____ UNFINISHED S/F _____ FINISHED S/F _____

COVERED PORCH S/F _____ DECK S/F _____ COVERED DECK S/F _____

COVERED PATIO S/F _____ GARAGE S/F _____ OTHER COVERED S/F _____

UNFINISHED AREA 1ST/2ND/3RDFLOOR S/F _____ OTHER (PLEASE DETAIL) S/F _____

WALK OUT BASEMENT _____ YES _____ NO _____ SOLAR PANELS _____ YES _____ NO - PLANS REQUIRED

THE ISSUANCE OF A PERMIT, ANY INSPECTIONS MADE OR CERTIFICATE OF OCCUPANCY SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, NOR AN APPROVAL OF, ANY VIOLATION OF THE INTERNATIONAL BUILDING CODES OR ANY OTHER CODE OR ORDINANCE ADOPTED BY THE CITY OF ARVADA. BY SIGNING BELOW I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT ALL INFORMATION IS CORRECT AND AGREE NOT TO START THIS PROJECT UNTIL THIS APPLICATION IS APPROVED AND THE BUILDING PERMIT IS ISSUED. I ALSO AGREE TO COMPLY WITH THE LAWS OF THE STATE OF COLORADO AND TO THE ZONING REGULATIONS AND INTERNATIONAL BUILDING CODES AS ADOPTED BY THE CITY OF ARVADA AND AS APPLICABLE. ANY VIOLATION OF THESE TERMS WILL BE CAUSE FOR IMMEDIATE REVOCATION OF THIS PERMIT.

 SIGNATURE APPLICANT/AGENT _____ PRINT NAME

 DATE PROJECT VALUATION \$ _____ **REQUIRED**

COMMUNITY DEVELOPMENT



CONTRACTOR _____ **CONTACT #** _____

ADDRESS _____ **LOT** _____ **BLOCK** _____

SUBDIVISION _____ **FILING** _____

HOUSE, GARAGE & COVERED AREAS OF LOT (SQ/FT) _____ **FLOOD PLAIN YES** _____

LOT SQUARE FOOTAGE _____ **WIDTH** _____ **DEPTH** _____ **COVERAGE** _____ %

SETBACKS FROM PROPERTY LINE (CIRCLE FRONT) NORTH _____ **SOUTH** _____ **EAST** _____ **WEST** _____

1ST FLOOR S/F _____ **2ND FLOOR S/F** _____ **COVERED PORCH S/F** _____ **DECK S/F** _____

3RD FLOOR S/F _____ **GARAGE S/F** _____ **PATIO COVER S/F** _____

BASEMENT S/F _____ **TOTAL UNFINISHED S/F** _____ **FINISHED S/F** _____ **WALKOUT ? YES** _____ **NO** _____

OTHER COVERED AREAS S/F _____

*******SITE PLAN MUST SHOW ALL SIDES OF LOT AND WHAT IS NEXT TO THE LOT*******
*******DOCUMENT SIZE 8-1/2"X 14" MAXIMUM AND READABLE*******

CORNER LOT YES _____ **NO** _____ **HOME MODEL** _____ **PLAN NUMBER** _____

ELEVATION _____ **ALREADY APPROVED BY PLANNER YES** _____ **NO** _____

EXTERIOR FINISH _____ **ROOF** _____ **% OF MASONRY ON FRONT** _____

**FENCES AND RETAINING WALLS (OVER 30 INCHES IN HEIGHT) REQUIRE SEPERATE PERMITS
EVEN IF SHOWN ON PLANS OR IS ATTACHED TO THE BUILDING**

DESCRIBE ANY SPECIAL EASEMENTS, SETBACK ISSUES OR LOT CONDITIONS

APPLICANT SIGNATURE _____ **DATE** _____



FOR OFFICE USE ONLY

CODE ENFORCEMENT APPROVAL _____ **DATE** _____

PLANNER APPROVAL _____ **DATE** _____

SPECIAL CONDITIONS/REQUIREMENTS _____

ENGINEERING & STORM WATER MANAGEMENT



CONTRACTOR _____ Ph# _____

JOB ADDRESS _____ LOT _____ BLOCK _____

SUBDIVISION _____ FILING _____

HAVE YOU MADE ARRANGEMENTS WITH ENGINEERING FOR THE IMPROVEMENTS?

CURB & GUTTER _____ STREET PAVING _____ SEWER _____

STORM DRAINAGE _____ FLOOD PLAIN YES _____ NO _____

WALKOUT BASEMENT? YES _____ NO _____

SITE PLAN WITH CONTOURS AND DRAINAGE (SEPERATE FROM OTHER SITE PLANS REQUIRED)

DESCRIBE DRAINAGE PLAN _____

DESCRIBE ANY SPECIAL DRAINAGE ISSUES _____

LOTS 10,000 SQUARE FEET & LARGER REQUIRE A SITE DEVELOPMENT PERMIT FROM STORM WATER MANAGEMENT

PERMIT NUMBER FROM STORM WATER MANAGEMENT _____ (IF REQUIRED)

APPLICANT SIGNATURE _____

OFFICE USE ONLY

ENGINEERING DEPARTMENT _____ DATE _____

FLOOD PLAIN APPROVED BY _____ DATE _____

STORM WATER MANAGEMENT _____ DATE _____

SPECIAL REQUIREMENTS _____



CITY OF ARVADA

SUB-CONTRACTOR PERMIT SIGNATURE FORM

PROJECT ADDRESS: _____ PERMIT #: _____
GENERAL CONTRACTOR: _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OF PERMIT ISSUANCE DATE OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY 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 ENFORCED BY THE CITY OF ARVADA 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 ADOPTED CODES UNDER WHICH THE PERMIT IS ISSUED NOR ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

ELECTRICAL

COMPANY NAME: _____ STATE LIC. # _____
ADDRESS: _____ PHONE: _____
ARVADA REGISTRATION #: _____ EXPIRES: _____

Signature of Contractor _____ Date _____

PLUMBING

COMPANY NAME: _____ STATE LIC. # _____
ADDRESS: _____ PHONE: _____
ARVADA LICENSE #: _____ EXPIRES: _____

Signature of Contractor _____ Date _____

MECHANICAL

COMPANY NAME: _____ STATE LIC. # _____
ADDRESS: _____ PHONE: _____
ARVADA LICENSE #: _____ EXPIRES: _____

Signature of Contractor _____ Date _____