



# APPLICATION FOR BUILDING PERMIT

Municipal Code 16-20,  
16-176, 18-4, 18-19, 18-  
32

PO Box 351  
50 S Beech Street  
Hudson, CO 80642

Phone: 303-536-9311  
Fax: 303-536-4753  
info@hudsoncolorado.org

**FOR OFFICE USE ONLY**  
Permit #: \_\_\_\_\_.

Date: \_\_\_\_\_

Project Contact/Authorized Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Project Type(s):**

- New Building  Addition  Remodel/Finish  Sprinkler System  Repair/Replacement
- Movable Structure  Fence (Over 6')  Water Heater  HVAC  Change of Use & Occupancy
- Other: \_\_\_\_\_

Proposed Use (Single-Family, Multi-family, Commercial, Industrial, etc.): \_\_\_\_\_

Project Address: \_\_\_\_\_

I.C.C. Project Valuation: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's CO State License Number: \_\_\_\_\_

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## Building Permit Terms and Conditions

By signing below, applicant acknowledges and understands as follows:

- Property owner, its authorized representative, contractor and the agents, successors, assigns, and employees of each must comply with all applicable rules, regulations, restriction and requirements of the Town.
- The Town or its agents may order the immediate cessation of work at any time the Town determines a violation of applicable rules, regulations, restriction and requirements may have occurred or is likely to occur.
- Violation of any of the applicable rules, regulations, restriction and requirements may result in immediate revocation of the permit.
- Construction must conform with the plans submitted to the Town. Any changes in plans or layout must receive prior approval from the Town. Any change in the proposed or intended use or occupancy of a building or structure must receive Town approval prior to proceeding with construction.
- Applicant is obligated to request Town inspections at various stages of construction. Applicant shall give the building inspector no less than one day's notice when requesting such inspections.
- This permit is automatically void if construction is not commenced within 180 days of its issuance.
- This permit is automatically void if construction ceases for a period of 180 continuous days.
- This permit is not transferable.

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Date Received: \_\_\_\_\_.

Staff Initials: \_\_\_\_\_.

Notes: \_\_\_\_\_.

\_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Property Owner   
  Authorized Representative   
  Contractor

**Supplemental Information**  
(Fill out information that is relevant to the project)

<p><b>A. CONSTRUCTION TYPE</b></p> <p><input type="checkbox"/> Wood Frame</p> <p><input type="checkbox"/> Structural Steel</p> <p><input type="checkbox"/> Masonry</p> <p><input type="checkbox"/> Other _____</p> <p><b>B. HEATING FUEL TYPE</b></p> <p><input type="checkbox"/> Gas: <input type="checkbox"/> LP <input type="checkbox"/> NG</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Solar</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>C. TYPE OF SEWAGE DISPOSAL</b></p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private / Individual (Septic tank)</p> <p><b>D. TYPE OF WATER SUPPLY</b></p> <p>Tap Size _____</p> <p>Supplier _____</p>	<p><b>E. OCCUPANCY</b></p> <p>Group _____</p> <p>Division _____</p> <p>Construction Type _____</p> <p>Use _____</p> <p><b>F. TYPE OF MECHANICAL</b></p> <p><input type="checkbox"/> Central Air Conditioning</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Hydronic</p>
<p><b>G. MISCELLANEOUS</b></p> <p>Number of Stories _____</p> <p>Total Land Area _____</p> <p>Parking Spaces _____</p> <p>Parking: <input type="checkbox"/> Enclosed <input type="checkbox"/> Outdoors</p> <p><b>H. RESIDENTIAL ONLY</b></p> <p>No. Bedrooms _____</p> <p>No. Baths Full _____ 3/4 _____ 1/2 _____</p>	<p><b>I. SQUARE FOOTAGE</b></p> <p>Main Floor _____</p> <p>Additional Floors _____</p> <p>Basement _____</p> <p>Crawlspace _____</p> <p>Covered Porch _____</p> <p>Decks _____</p> <p>Garage _____</p> <p>Other _____</p>	<p><b>J. Other Information</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>