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|------|-----------|-----------|---------------|
| DATE | FEES PAID | APPLICANT | APPLICATION # |
|------|-----------|-----------|---------------|

DEMOLITION/RELOCATION APPLICATION

Town of Crested Butte Building Department
PO Box 39 Crested Butte, Colorado 81224
(970) 349-5338

*Return this completed application to the Building Department with all necessary documents as identified in the Demolition/Relocation Submittal Checklist

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|--------------------------|---------------|------|----------|
| PROJECT PHYSICAL ADDRESS | LEGAL ADDRESS | ZONE | USE TYPE |
|--------------------------|---------------|------|----------|

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|-----------------|-----------------|-----------|-------|
| APPLICANT/AGENT | MAILING ADDRESS | TELEPHONE | EMAIL |
| PROPERTY OWNER | MAILING ADDRESS | TELEPHONE | EMAIL |
| CONTRACTOR | MAILING ADDRESS | TELEPHONE | EMAIL |
| ARCHITECT | MAILING ADDRESS | TELEPHONE | EMAIL |
| ENGINEER | MAILING ADDRESS | TELEPHONE | EMAIL |

BUILDING CLASSIFICATION:
 SFR DUPLEX MULTIFAMILY COMMERCIAL ACC.DWELLING ACC.BUILDING HISTORIC

| | |
|---------------------|-----------------------------|
| PROJECT DESCRIPTION | ESTIMATED PROJECT VALUATION |
| | MATERIALS _____ |
| | LABOR _____ |
| | TOTAL _____ |

DEPARTMENTAL USE ONLY

| | |
|--|---|
| SPECIAL CONSIDERATIONS: CONDITIONAL USE PERMIT <input type="checkbox"/> _____ - On file CONDITIONAL WAIVER <input type="checkbox"/> _____ - To be removed VARIANCE <input type="checkbox"/> _____ - To be removed BUILDING CLASSIFICATION <input type="checkbox"/> _____ | Demolition <input type="checkbox"/> Relocation <input type="checkbox"/> Replacement Housing <input type="checkbox"/> Recycle Plan <input type="checkbox"/> |
|--|---|

| | |
|---|---|
| EXISTING FAR <hr/> EXISTING SQ. FT. <hr/> BUILDING HEIGHT <hr/> BUILDING WIDTH <hr/> PARKING SPACES <hr/> # OF LIVING UNITS <hr/> EXISTING EQR'S | REQUIRED SUBMITTAL DOCUMENTS Limited Power of Attorney <input type="checkbox"/> Recorded Conveyance Deed <input type="checkbox"/> Narrative (see list for more details) <input type="checkbox"/> Site plan (see list for more details) <input type="checkbox"/> Plans (Full-Size & 11"x17") <input type="checkbox"/> Vested Property Right <input type="checkbox"/> Publication Fee Fee _____ <input type="checkbox"/> |
|---|---|

I hereby certify that all the information provided in this application is true and correct. I understand that submittal of this application does not constitute a right to perform the work or establish the use requested. I understand that the request may be denied, approved or approved with changes or conditions. Fees that are associated with the application are not refundable. I understand that the application, if approved, must be constructed in accordance with the approved plans and conform with the Town's architectural approval and applicable building codes. I understand that any approval will become null and void 180 days after the approval date if a permit is not purchased, or three years if a vested property right is purchased.

Signature of Contractor/Authorized Agent _____ Date _____ Signature of Owner/Authorized Agent _____ Date _____