

DATE	FEES PAID	APPLICANT	APPLICATION #
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DEVELOPMENT PERMIT 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 Building Permit Application Requirements form.

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 TYPE:

NEW CONSTRUCTION ADDITION REMODEL PLUMBING/MECHANICAL OTHER

PROJECT DESCRIPTION	ESTIMATED PROJECT VALUATION
	MATERIALS _____
	LABOR _____
	TOTAL _____

DEPARTMENTAL USE ONLY

SPECIAL CONSIDERATIONS: CONDITIONAL USE PERMIT <input type="checkbox"/> _____ CONDITIONAL WAIVER <input type="checkbox"/> _____ VARIANCE <input type="checkbox"/> _____ PUD <input type="checkbox"/> _____	SETBACKS FRONT REAR SIDE() SIDE() Existing Primary Accessory Proposed Primary Accessory
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EXISTING BUILDING SIZE (SQ.FT.) PRIMARY ACCESSORY TOTAL	PROPOSED BUILDING SIZE (SQ.FT.) PRIMARY ACCESSORY TOTAL
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EXISTING FAR	PROPOSED FAR	REQUIRED SUBMITTAL DOCUMENTS Limited Power of Attorney <input type="checkbox"/> Recorded Conveyance Deed <input type="checkbox"/> Materials Lists <input type="checkbox"/> Plans (Full-Size & 11"x17") <input type="checkbox"/> Publication Fee Fee _____ <input type="checkbox"/>
BUILDING WIDTH	BUILDING HEIGHT	
PARKING SPACES	% OPEN SPACE	
# OF LIVING UNITS	ZONE	
EXISTING EQR'S	PROPOSED EQR'S	

This Building Permit shall become null and void if construction is not commenced within 60 days of the date of issuance. The Building Permit shall expire one year after the date of issuance and all construction must be completed prior to the expiration of the permit; provided, however, that the building inspector may renew the Building Permit for additional six month periods FOR GOOD CAUSE SHOWN and without additional cost to the applicant.

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