Plumbing and Mechanical Permit Application

Town of Crested Butte

P.O. Box 39

Crested Butte, Colorado 81224

-A National Historic District-

Phone: (970) 349-5338
FAX: (970) 349-6626

www.townofcrestedbutte.com

LEGAL DESCRIPTION:

Lot Numbers_____ Block_____

Application No.	Date

1	Applicant	Mailing Address	Phone	**Fee**	**Amount**	**Date**
2	Job Street Address	Mailing Address	Phone	Permit		
3	Property Owner	Mailing Address	Phone			
4	Contractor	Mailing Address	Phone	□ New Construction □ Alteration □ Addition □ Repair		
5	Engineer/Architect	Mailing Address	Phone	Zoning		
6	Other Parties Involved	Mailing Address	Phone	Use of Building		
7	Other Parties Involved	Mailing Address	Phone	Number of Living Units	Occupancy Group	
8	Sewer Connection Required □ Water Connection Required □	Current ERS's_____	Additional EQR's Required _____	Total EQR's		

9	Description of Work Required

The Plumbing and Mechanical Permit shall become null and void if construction is not commenced within 120 days of the date of issuance. The Plumbing and Mechanical Permit shall expire one year after the date of issuance and all construction must be completed prior to the expiration of the permit.

I hereby certify that I have read and examined this application and set of instructions and that all information in this application and set of instructions and that all information in this application is true and correct. All provisions of the currently adopted INTERNATIONAL CODE COUNCIL CODES, will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction or the performance of construction. Further, I understand that the violation of any of the provisions previously set fourth shall be deemed a misdemeanor and upon conviction of any such violation shall be punishable by a fine of not more than $300, or, by imprisonment for not more than 90 days, or, by such fine and imprisonment for each and every day that violation is committed, continued or permitted.

_____ _____

Signature of contractor/authorized agent *Date* *Signature of owner* *Date*