



City of Gunnison Building Office
 201 W. Virginia Ave., PO Box 239, Gunnison, CO 81230
 Phone # (970) 641-8151 Fax # (970) 641-8156

BUILDING PERMIT APPLICATION

Contact Information	Owner Mailing	Name		Provide if applicable:	
		Address			
		City	State/Zip	Name	
		Phone #	Cell#	Address	
	Job Site Address	Street address:		City	State/Zip
		Legal Description		Phone #	Cell #
Addition		Name	State License		
Lot No.		Blk.	Address		
Assessor Parcel No:		City	State/Zip	Phone #	Cell #
Permit Type					
Permit Type	A. Action(s) Requested:			B. Mechanical/ Fuel Gas Permit Only	
	Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Addition <input type="checkbox"/>			Type of appliance:	
	New <input type="checkbox"/> Remodel <input type="checkbox"/> Storage <input type="checkbox"/> Other <input type="checkbox"/>			Cost of installation: \$	
	Manufactured Home <input type="checkbox"/> Certificate of Occupancy only <input type="checkbox"/>			Description of Work Requested /Comments:	
Installation / Replacement of Mechanical Unit only <input type="checkbox"/> (Complete Section B)					
Building Type					
Building Type	Brief description of project.			Construction Type:	
				<input type="checkbox"/> Standard wood framing, trusses, concrete foundation <input type="checkbox"/> Metal framing, concrete foundation <input type="checkbox"/> Block building <input type="checkbox"/> Manufactured <input type="checkbox"/> Alternative (describe)	
Planning & Zoning Information					
Planning & Zoning Information	Change of Use Information: Will the use of the structure change as a result of the project?			Zone District: R-1: <input type="checkbox"/> R1M: <input type="checkbox"/> R-2: <input type="checkbox"/> R2M: <input type="checkbox"/> R3: <input type="checkbox"/>	
	<input type="checkbox"/> No			C: <input type="checkbox"/> CBD: <input type="checkbox"/> I: <input type="checkbox"/> B-1: <input type="checkbox"/> PUD: <input type="checkbox"/>	
	<input type="checkbox"/> Yes			Side Yard Setback :	Height:
	Explain:			Rear Yard Setback:	Area of Lot:
	Is the property governed by a Homeowner's Association (HOA)?			Landscape Plan: No <input type="checkbox"/> Yes <input type="checkbox"/> (Attach Plan)	
<input type="checkbox"/> No <input type="checkbox"/> Yes Provide copy of architectural approval			Storm Drain Plan: No <input type="checkbox"/> Yes <input type="checkbox"/> (Attach Plan)		
Valuation & Square Footage					
Valuation & Square Footage	Estimated cost of the project. (Include material and labor)			Total square footage (SF) of structure*:	
	Owner's Valuation: \$			Residential SF*	Porch/ Deck SF
	For manufactured buildings, include cost of foundation and cost of unit:			Garage SF	Commercial SF*
	\$ _____			*exterior dimensions of building (excluding garage and porches) for each floor	
Signature					
Signature	<p>Notice: Separate State issued permits are required for electrical and plumbing work. From the date of building permit issuance, the applicant has 180 days to commence work before the permit expires. By signing this application the applicant(s) acknowledges that the information provided above is true and correct and hereby agrees to comply with all provisions of laws, codes and ordinances governing this type of work and assumes responsibility for compliance with the approved plans.</p>				
	Date _____	Applicant Name (Printed) _____		Applicant Signature _____	
(LETTER OF AUTHORIZATION REQUIRED IF APPLICANT IS NOT THE OWNER)					
For Office Use Only					
For Office Use Only	Building Code Construction Type: VB <input type="checkbox"/> Other: _____			Date Received:	
	Occupancy: R3 <input type="checkbox"/> Other: _____				
	Flood Plain: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes - provide Elevation Certificate				
	Plan Review Complete <input type="checkbox"/>				
	Building Office Approval: _____				
BUILDING PERMIT # _____					
Date Paid/Issued: _____					