

FOR OFFICE USE ONLY	Permit Number: _____
	Date of Acceptance: _____
Planning Approval By: _____	Building Dept. Approval By: _____
Date Approved: _____	Date Approved: _____

PERMIT
APPLICATION FOR TLQ AND/OR TEMPORARY BUILDING

Basic Project Information ~ The purpose of a permit application is to obtain all the essential elements necessary to complete a thorough review of your specific construction project. The information requested on this form is required at the time of plan submittal and is pertinent to issuance of a construction permit. All building permit fees must be paid before the Building Department staff begins reviewing your plans.

PLEASE NOTE: AN APPLICATION WILL BE REGARDED AS INCOMPLETE AND NOT ACCEPTED IF ALL APPLICABLE INFORMATION IS NOT SUPPLIED.

Physical Address of Property to be served by Permit _____
 (Need for address will be determined by the Field Inspector)

Range _____ Township _____ Section _____ GPS _____

Drilling Rig: _____

- | | | |
|-------------------------|-----------------------|-------------|
| 1. Property Owner _____ | Mailing Address _____ | Phone _____ |
| 2. Building Owner _____ | Mailing Address _____ | Phone _____ |
| 3. Applicant Name _____ | Mailing Address _____ | Phone _____ |
| 4. Contact Person _____ | Mailing Address _____ | Phone _____ |
| E-Mail _____ | Cell Phone _____ | Fax _____ |

BUILDING DEPT. USE ONLY	PENALTY FEE: _____
	TEMPORARY BUILDING FEES: _____
	TEMPORARY LIVING QUARTERS FEES: _____
	TOTAL FEES: _____

- Permit Type: (Check all that apply)
- Temporary Office Trailers
 - Man camps/ TLQ
 - Other _____

5. Project Description: (Brief description of work to be done)

Required Documentation and Drawings (2 SETS): Please supply any of the following that apply to your project and are included as part of this submittal package. It is your responsibility to see that the appropriate documentation is included with this document.

- Building Plans
- Site Plans
- Engineered Set Up Plans (Temp. Buildings)
- Road & Bridge Access Permit (1 COPY)

Involved Parties: Please supply the following information for each group or individual involved with the project.

	Company Name	Contact Person	Address	Phone Number	Fax Number
General Cont.					
Concrete Cont.					
Plumbing Cont.					
Mech. Cont.					
State Electrical	*Obtain permit at Bldg. Dept. - Submit permit through Colorado State Elect. – Paul Shelly 303-894-2429				
Elec. Cont.					

Notice:

Permit is good for 360 days. When the Temporary Building and /or TLQ are relocated it must be repermited... This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended/abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. By signing this I also certify that I will not use or occupy the structure until I have received the Certificate of Occupancy for that structure

SIGNATURE OF OWNER/ OR AUTHORIZED AGENT

DATE

SIGNATURE OF CONTRACTOR

DATE

NOTES:

Building #1 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial # _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #2 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial# _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #3 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial# _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #4 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial # _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #5 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial# _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #6 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial# _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #7 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial # _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #8 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial# _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____

Building #9 TLQ TEMPORARY OFFICE OTHER

Owner _____

Serial# _____ Ground snow load _____

Square footage _____ Length _____ Width _____

Set up type SKID MOUNT ENGINEERED SET UP OTHER

CDOH registration number _____ SMM _____