



CONSTRUCTION PERMIT

PERMIT NO. CON

PROJECT NAME: _____

LOCATION/ADDRESS: _____

SUBDIVISION: _____ PHASE (IF APPLICABLE): _____

PERMITTEE: _____ DEVELOPER: _____

CONTACT PERSON: _____ CONTACT PERSON: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

DESCRIPTION OF WORK: _____

LOTS & BLOCKS IN PERMITTED AREA (IF APPLICABLE): _____

TOTAL CONSTRUCTION VALUATION/ENGINEER'S COST ESTIMATE: \$ _____

PUBLIC IMPROVEMENTS TO BE INSPECTED COST ESTIMATE: \$ _____

TOTAL TO BE INSPECTED (PUBLIC & PRIVATE): _____ TOTAL NOT TO BE INSPECTED (PRIVATE): _____

REFER TO TOWN APPROVED PLAN SET: CD _____ DATED: _____

SURETY TYPE: _____ SURETY # _____ SURETY AMOUNT: \$ _____

USE TAX VALUATION: (TOTAL COST ESTIMATE – EARTHWORK) \$ _____

FOR STAFF USE (2510) (2512) (1024)
FEES:

PLAN REVIEW: \$ _____ INSPECTION: \$ _____ USE TAX: \$ _____

OTHER: \$ _____ TOTAL FEES: \$ _____

CHECK NO: _____ DATE PAID: _____

I HEREBY ACKNOWLEDGE THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE APPROVED CONSTRUCTION DRAWINGS AND THE TOWN OF CASTLE ROCK TECHNICAL CRITERIA MANUALS.

PERMITTEE SIGNATURE: _____ DATE: _____

FOR STAFF USE

_____ APPROVED WITH CONDITIONS: PRECONSTRUCTION MEETING REQUIRED PRIOR TO START OF WORK. CONTACT CONSTRUCTION PROJECT MANAGER AT (303) 472-0826.

_____ ADDITIONAL CONDITIONS: _____

INSPECTOR: _____ PHONE: _____

APPROVED BY: _____ DATE: _____