

# RESIDENTIAL ADDITION PERMIT APPLICATION



PERMIT#: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

ELBERT COUNTY BUILDING DEPARTMENT  
PO BOX 7 - 215 COMANCHE STREET  
KIOWA, CO 80117  
TELEPHONE: 303-621-3172 FAX: 303-621-3165  
INSPECTION LINE: 303-621-3140

PROJECT VALUATION: \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision/Project Name: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## TYPE OF WORK YOU WILL BE DOING:

Email Address/Contractor: \_\_\_\_\_

## THIS SECTION FOR NEW HOME CONSTRUCTION ONLY

Contractor or Owner to fill in blanks:

Model/Plan #: \_\_\_\_\_ Elevation: \_\_\_\_\_ Foundation type: \_\_\_\_\_

Main Living area SF: \_\_\_\_\_ 2<sup>nd</sup> Floor SF: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Basement type: \_\_\_\_\_ Unfinished SF: \_\_\_\_\_ Finished SF: \_\_\_\_\_

Number of Decks: \_\_\_\_\_ Uncovered SF: \_\_\_\_\_ Covered SF: \_\_\_\_\_

- All Homes must be designed to the 2006 I codes with 30# Design Roof Snow Load 90 MPH wind and exposure C.**
- Foundations to be inspected by an engineer of your choice, with original letters from inspections submitted to the building department by rough frame.
- Electrical permits and inspections by State of CO Electrical. Rough electrical must be signed off by the state before rough frame. Final electrical before C/O inspection. To obtain a state electrical permit call 303-894-2300 or go the State Electrical web site: [www.dora.state.co.us/electrical](http://www.dora.state.co.us/electrical)**

I certify that I have read and understand the above: \_\_\_\_\_

SIGNATURE AND DATE

## OFFICE USE ONLY

Sq Ft: DWLF 1<sup>st</sup> Floor \_\_\_\_\_ Sq Ft: DWLF 2<sup>nd</sup> floor \_\_\_\_\_ Sq Ft: GARF \_\_\_\_\_

Sq Ft: BSMU \_\_\_\_\_ Sq Ft: BSMF \_\_\_\_\_ Sq Ft DECK \_\_\_\_\_ Sq Ft CDEK \_\_\_\_\_

Group \_\_\_\_\_ Division \_\_\_\_\_ Type \_\_\_\_\_

Special Notes: \_\_\_\_\_

BP \_\_\_\_\_ PR \_\_\_\_\_ ST \_\_\_\_\_ FD \_\_\_\_\_

Approved : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Expires: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Six Month Extension: \$150.00 New Expiration Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Building Department Signature and Date

**PLEASE USE THIS APPLICANT CHECK LIST FOR ADDITIONS TO A RESIDENCE**

**SCHEDULE INSPECTIONS BY 3:00PM FOR NEXT DAY BY VISITING:**

[www.ElbertCounty-CO.GOV](http://www.ElbertCounty-CO.GOV) >> [Online Services](#) (in top menu bar) >> Using drop down go to:  
"Request Building Inspection" and follow the online instructions.

**NO INSPECTIONS MAY BE SCHEDULED BY PHONE**

**All documents submitted must also be electronically submitted on a single CD/DVD**

\_\_\_ PLANNING AND ZONING SIGNOFF SHEET

\_\_\_ STRUCTURAL DESIGN BY ARCHITECT OR ENGINEER **\*\* (MUST BE WET STAMPED)\*\***

\_\_\_ 1 SET OF BLUE PRINTS CONSISTING OF THE FOLLOWING:

- ◆ Floor plan **for all floors & basement**, (room sizes and use, window & door location & sizes, plumbing, attic access, location of furnace and water heater/boiler as applicable).
- ◆ Elevations ALL sides
- ◆ Section of construction including stairs, ceiling height, fireplace, masonry, floor joist layout and span, roof rafter/truss design and any special items.
- ◆ Heating type and location of the furnace and water heater, boiler whatever is applicable.
- ◆ Total square footage of all levels
- ◆ scale (example 1/4 inch = 1 foot)

\_\_\_ ONE ENGINEERED FOUNDATION DESIGN **\*\* (Wet Stamped)\*\***  
CONSISTING OF:

- ◆ Size of footings and steel if required.
- ◆ size of wall and steel if required
- ◆ Caisson size and depth and steel if required
- ◆ Beams: type and size
- ◆ Sectional

\_\_\_ ONE SOILS TEST BY A CO. LICENSED ENGINEER **\*\* (MUST BE STAMPED AND SIGNED)\*\***

\_\_\_ PERCOLATION TEST (IF ADDING ON TO, OR DOING A NEW FIELD)

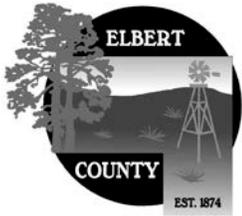
\_\_\_ NAME OF SEPTIC INSTALLER AND THEIR ELBERT COUNTY CONTRACTOR #

**\*\* For load bearing beams, floor system, headers and columns, design of balloon walls, deck joists, beam posts, piers and attachments**

**\*\*\*SEPARATE STATE ELECTRICAL PERMIT & PLUMBING PERMIT REQUIRED\*\*\***

**ONCE A BUILDING PERMIT HAS BEEN ISSUED ALL INSPECTION INFORMATION, CORRESPONDENCE BY MAIL, FAX, OR TELEPHONE MUST BE REFERENCED BY YOUR PERMIT NUMBER OR IT WILL NOT BE ACCEPTED OR PROCESSED.**

**PLEASE NOTE IF ANY NEW BEDROOMS ARE BEING ADDED YOU MAY HAVE TO UPGRADE/SIZE YOUR SEPTIC SYSTEM.**



**ELBERT COUNTY**  
**COMMUNITY & DEVELOPMENT SERVICES**  
P.O. BO 7 – 215 Comanche Street  
Kiowa, CO 80117  
Phone: 303.621.3136 Fax: 303.621.3165  
www.ElbertCounty-CO.Gov

PERMIT # \_\_\_\_\_

**PLEASE NOTE: YOU MUST SIGN REGARDLESS OF YOUR KNOWLEDGE OF AN ACTIVE HOMEOWNERS ASSOCIATION.**

**TO: Applicants for Building Permits**  
**RE: Compliance with Protective Covenants**

As part of your application for a building permit in Elbert County, you are requested to contact the architectural control committee or homeowners association, in your neighborhood and obtain their approval of your plans prior to a building permit being issued. By signing below, you are representing to the county building department that to the extent that such an entity exists, you have made contact for the review and approval of your plans.

**Please be advised that the county does not enforce protective covenants or police violations of such covenants. Most covenants run with the land. You are responsible for the necessary compliance with covenants applicable to your project.**

**COMMUNITY & DEVELOPMENT SERVICES**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

APPLICANT'S PRINTED NAME \_\_\_\_\_