

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 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: _____ 2nd Floor SF: _____ Number of Bedrooms: _____

Basement type: _____ Unfinished SF: _____ Finished SF: _____

Number of Decks: _____ Uncovered SF: _____ Covered SF: _____

1. All Homes must be designed to the 2006 I codes with 30 # Design Roof Snow Load 90 MPH wind and exposure C.

2. Foundations to be inspected by an engineer of your choice, with original letters from inspections submitted to the building department by rough frame.

3. **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**

I certify that I have read and understand the above: _____

SIGNATURE AND DATE

OFFICE USE ONLY

Sq Ft: DWLF 1st Floor _____ Sq Ft: DWLF 2nd 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

**APPLICANT CHECK LIST
FOR
ADDITIONS TO A RESIDENCE**

SCHEDULE INSPECTIONS BY 3:00PM FOR NEXT DAY 303-621-3140

___ PLANNING AND ZONING SIGNOFF SHEET (WITH SIGNATURES)

___ STRUCTURAL DESIGN BY ARCHITECT OR ENGINEER (*Wet Stamped*)**

___ 2 SETS 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 STAMPED AND SIGNED.

___ PERCOLATION TEST (*IF ADDING ON TO, OR DOING A NEW FIELD*)

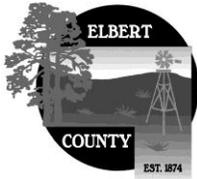
___ NAME OF SEPTIC INSTALLER AND THEIR ELBERT COUNTY CONTRACTOR #

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

SEPARATE STATE ELECTRICAL PERMIT 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.



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. YOU ARE RESPONSIBLE FOR THE NECESSARY COMPLIANCE WITH COVENANCE APPLICABLE TO YOUR PROJECT.

**ED WATKINS
ELBERT COUNTY BUILDING OFFICIAL**

APPLICANTS SIGNATURE

DATE

APPLICANTS PRINTED NAME _____