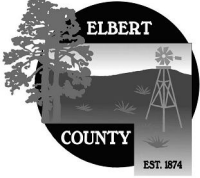


# BASEMENT FINISH PERMIT APPLICATION



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

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

ELBERT COUNTY BUILDING DEPARTMENT  
PO BOX 7 - 207 COMANCHE STREET  
KIOWA, CO 80117  
TELEPHONE: 303-621-3172 FAX: 303-621-3177  
INSPECTION LINE: 303-621-3140

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

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

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

**Project Address:** \_\_\_\_\_ City: \_\_\_\_\_

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

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

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

Email Address contractor: \_\_\_\_\_

**TYPE OF WORK YOU WILL BE DOING:**

Sq feet of unfinished area: \_\_\_\_\_ Sq feet of finished area: \_\_\_\_\_

**2 Drawing of complete basement are required drawn to scale with scale indicated on your plans. To include the following:**

- ◆ **Location and sizes of all windows. At least one window in all bedrooms must meet egress requirements.**
- ◆ Any door to the outside if applicable.
- ◆ **Location of stairs.**
- ◆ Dimensions of all rooms.
- ◆ **Use of each room (bedroom, family room, storage etc.)**
- ◆ Location of furnace and water heater.
- ◆ **Total square footage of basement, then broken out into finished and unfinished.**
- ◆ Location of fireplaces or wood, pellets and gas burning stoves.

**We will not accept incomplete plans under any circumstances**

Electrical permits issued by the State of Colorado, all rough and or final inspections by the State must be approved before you call the County for your rough or your final building 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: BSMU \_\_\_\_\_ Sq Ft: BSMF \_\_\_\_\_

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

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

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

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

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

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