



Town of Morrison
 321 Hwy 8
 Morrison, CO 80465
 303-697-8749
2015 IBC ADOPTED

Permit #:	_____
Job Address:	_____
Parcel ID:	_____
Subdivision:	_____
Lot:	_____
Block:	_____

Description of Work:

Property Owner:	Phone:
Mailing Address:	
Primary Contractor:	Email:
Contractor Address:	Phone:
Sub-Contractor:	Email:
Contractor Address:	Phone:
Sub-Contractor:	Email:
Contractor Address:	Phone:
Sub-Contractor:	Email:
Contractor Address:	Phone:

IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE ITEMS

<u>Square Footage</u> Main Floor: _____ Add. Floors: _____ Basement: _____ Crawlspace: _____ Covered Porch: _____ Decks: _____ Garage: _____ Other: _____	<u>Proposed Use</u> Residential <input type="checkbox"/> One Family <input type="checkbox"/> Multi Family: # of units - ____ <input type="checkbox"/> Hotel, motel, or dormitory: # of units- ____ <input type="checkbox"/> Garage: Single ____ Double ____ Attached ____ Detached ____ <input type="checkbox"/> Carport: Attached ____ Detached ____ <input type="checkbox"/> Patio: Attached ____ Detached ____ <input type="checkbox"/> Basement: Partial ____ Full ____ Finished ____ Unfinished ____ <input type="checkbox"/> Fireplace: Masonry ____ 0-Clearance ____ Other _____	<u>Type of Heat</u> <input type="checkbox"/> Gas LP or NG <input type="checkbox"/> Electricity <input type="checkbox"/> Solar <input type="checkbox"/> Other _____	<u>Improvement Type</u> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel / Finish <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Fence <input type="checkbox"/> Roof <input type="checkbox"/> Other _____
<u>Total Value</u> Total Project Valuation \$ _____ Material Valuation \$ _____	Commercial <input type="checkbox"/> Shell Only ____ Sign <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Remodel / Addition <input type="checkbox"/> New Building	<u>Sewage Disposal</u> <input type="checkbox"/> Public <input type="checkbox"/> Individual	<u>Construction Type</u> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____
<u>Demolition</u> <input type="checkbox"/> Site Plan <input type="checkbox"/> State Permit <input type="checkbox"/> Asbestos Permit	<u>Occupancy</u> Classification _____ Construction Type _____ Separated _____ Non-Separated _____	<u>Notes:</u>	
<u>Miscellaneous</u> # of Stories: _____ Lot Size: _____ Parking Spaces _____ Enclosed _____ Outdoors _____			
<u>Residential Only</u> # of Bedrooms _____ # Full Baths _____ # ¾ Baths _____ # ½ Baths _____			

FOR OFFICE USE ONLY:			
FEES: Total : _____ Deposit: _____ Permit Fee: _____ Plan Review: _____ Use Tax: _____ Water Tap: _____ Sewer Tap: _____	Other Fees: ____ Other (Amt.) _____ Description: _____ ____ Other (Amt.) _____ Description: _____	Setbacks: Front: _____ Back: _____ Side 1: _____ Side 2: _____	REQ: _____ _____ _____
Office Staff:		City Official:	

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Municipality and Building Codes governing location, construction and erection of the above proposed work for which the permit is granted. The Municipality or its agents are authorized to order the immediate cessation of construction at any time a violation of the codes or regulations appears to have occurred. Violation of any of the codes or regulations applicable may result in the revocation of this permit.

Buildings **MUST** conform with plans, as submitted to the Municipality. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day's notice to perform such activities.

In the event construction is not commenced within 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable.

Signature of Owner/Authorized Agent:	Application Date:
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