

**CITY OF CAÑON CITY**  
**BUILDING DEPARTMENT**

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**BUILDING PERMIT APPLICATION**

**IN THE INTEREST OF ISSUING PERMITS IN AS TIMELY A MANNER AS POSSIBLE, IT IS  
IMPERATIVE THAT ALL INFORMATION BELOW BE COMPLETED.**

OWNER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNERS TELEPHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

SCHEDULE NUMBER: (CONTACT FREMONT COUNTY ASSESSOR) – 719-276-7310 \_\_\_\_\_

ZONE DISTRICT: \_\_\_\_\_ CAÑON CITY PERMIT CODE: \_\_\_\_\_

CONTRACTOR'S BUSINESS NAME: \_\_\_\_\_ LIC.#: \_\_\_\_\_

CONTRACTOR'S TELEPHONE NUMBER: \_\_\_\_\_

VALUATION OF WORK ( INCLUDE LABOR AND MATERIALS): \$ \_\_\_\_\_

DETAILED DESCRIPTION OF WORK: \_\_\_\_\_

**APPLICANTS FOR ROOFING PERMITS MUST COMPLETE THESE ITEMS ALSO**

DETAILED DESCRIPTION OF WORK ( EXAMPLE: TEAR OFF TO DECK, INSTALL 15# FELT,  
NEW VALLEY METAL AND DRIP EDGE WITH NEW T-LOK SHINGLES):

TYPE AND NUMBER OF LAYERS EXISTING ROOF MATERIAL: \_\_\_\_\_

ROOF SLOPES (ALL THAT APPLY): \_\_\_\_\_

REROOF:  TEAR OFF:  NEW SHEATHING? YES  NO  PONDING?: YES  NO

**I HEREBY UNDERSTAND AND AGREE TO INSTALL ALL WORK IN ACCORDANCE WITH  
THE MOST CURRENT ADOPTED EDITION OF THE INTERNATIONAL BUILDING CODE,  
INTERNATIONAL RESIDENTIAL CODE, INTERNATIONAL MECHANICAL CODE,  
INTERNATIONAL FUEL GAS CODE, CAÑON CITY ZONING ORDINANCE AND ALL OTHER  
APPLICABLE FEDERAL, STATE, COUNTY AND CITY REQUIREMENTS.**

OWNER / CONTRACTOR

PRINT NAME

SIGNATURE

FOR OFFICE USE ONLY

LICENSED: YES  NO  INSURANCE: YES  NO  PERMIT NUMBER: \_\_\_\_\_ - \_\_\_\_\_