



# City of Golden

1445 10th Street, Golden CO 80401  
 Inspection Request Line: (303) 384-8198  
 Office: (303) 384-8151 Fax: (303) 384-8161  
[www.cityofgolden.net/building](http://www.cityofgolden.net/building)  
[building@cityofgolden.net](mailto:building@cityofgolden.net)

## BUILDING PERMIT APPLICATION

<b>Property Type:</b>	<input type="checkbox"/> New Construction	<input type="checkbox"/> A/C	<b>Permit Number:</b> (office use)
<input type="checkbox"/> Commercial	<input type="checkbox"/> Tenant Finish	<input type="checkbox"/> Deck	
<input type="checkbox"/> Single Family	<input type="checkbox"/> Remodel	<input type="checkbox"/> Furnace	
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Addition	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Electrical for Outdoor Lighting
	<input type="checkbox"/> Basement Finish	<input type="checkbox"/> Sign	<input type="checkbox"/> Misc Electrical
<b>YES</b> <b>NO</b>	<b>Does this project...</b>	<input type="checkbox"/> Sign W/Electric	<input type="checkbox"/> Misc Mechanical
<input type="checkbox"/> <input type="checkbox"/>	create a new dwelling unit?	<input type="checkbox"/> ReRoof:	<input type="checkbox"/> Misc Plumbing
	if Yes; Allocation #: _____	Pitch _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> <input type="checkbox"/>	require a dumpster on the street?	SQS _____	
<input type="checkbox"/> <input type="checkbox"/>	disturb land over one-half acre?	Shingle Warranty _____	

Job Address:	Unit/Suite:
Property Owner:	Phone:
Owners Mailing Address:	

**\* ALL APPLICABLE CONTRACTORS MUST BE IDENTIFIED AND REGISTERED BEFORE THE PERMIT IS ISSUED \***

Contact:	E-Mail:	Phone:
General Contractor:	Electrical Contractor:	Plumbing Contractor:
		Mechanical Contractor:

**\* Valuation must include all general and subcontracted work performed for the project in the description below \***

<b>Description of work:</b>	<b>Valuation:</b>
	\$

COMMERCIAL New/Addition/Tenant Finish	
Type of Construction	
Occupant Load	
Occupancy Group(s)	
# of Stories	
Height (ft)	

RESIDENTIAL New or Addition			
Total Area	sq.ft	Porch	sq.ft
1st Floor	sq.ft	Deck	sq.ft
2nd Floor	sq.ft	Garage	sq.ft
Other Floors	sq.ft	Lot	sq.ft
Basement	sq.ft	# Bedrooms	sq.ft
		# Bathrooms	sq.ft

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not. I understand that permits or inspections presuming to give authority to or cancel the provisions of the above laws and ordinances or permits issued in error or on the basis of incorrect information supplied by the applicant shall be invalid.

Contractor or Authorized Agent Signature

Date