



TOWN OF AKRON | 245 Main Avenue | Akron, CO 80720

BUILDING PERMIT APPLICATION

970-345-2624 | FAX: 970-345-2617 | www.townofakron.com

—ALWAYS CALL BEFORE YOU DIG: 8-1-1

DATE: _____ RECEIPT #: _____ PERMIT #: _____

STATE ELECTRIC PERMIT #: _____ STATE PLUMBING PERMIT #: _____

Property Owner: _____ Phone: _____ Email: _____

Project Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

CONTRACTOR TYPE: Self General—License #: _____ Other: _____

Contractor Name: _____ Phone: _____ Email: _____

Contractor Name: _____ Phone: _____ Email: _____

Contractor Name: _____ Phone: _____ Email: _____

PERMIT TYPE: RESIDENTIAL or COMMERCIAL

Check all boxes that apply: Fence Deck Concrete Roofing Shed/Outbuilding New Construction
 Pre-move Inspection Remodeling or Addition Demolition Other _____

DETAILED DESCRIPTION OF WORK:

ADDITIONAL INFORMATION REQUIRED BY PERMIT TYPE:

Roofing: Shingle Type _____ Felt # or Underlayment _____ No. of Layers _____
Shingles MUST have a National Wind Warranty of 89 mph sustained or 115 mph 3-second gust.

Fence: Type _____ Height: _____ Length: _____ Post Depth: _____ Cement: Yes No
Please attach a drawing. **Property owner responsible for property lines.**

Addition, Garage, Shed/Outbuilding, or House: Square Footage 1st Floor: _____ 2nd Floor: _____
Basement: _____ Garage: _____ New House: _____

Please attach a plot plan showing the placement of structure the grades, elevations, sidewalks, curb and gutters, along with any other pertinent information.

TOTAL VALUE—Includes material & labor:
\$ _____

NOTE—All applicable fee must be paid at the time of application. Any extraordinary cost incurred by the Town of Akron in reviewing and processing this application, including attorney fees, is the responsibility of the applicant.

I hereby acknowledge that I have read this application and that the information give is correct. I agree to comply with Town and State laws regulating construction and certify that this construction is not related to the production or dispensing of marijuana. This application is not a permit until approved and signed by the Building Inspector and fees are paid.

APPLICANT'S SIGNATURE:

DATE:

Expiration: ● Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.
● A permit shall be valid for a period of twelve (12) months, and the building official shall cancel the permit at the end of the twelve-month period, except for circumstances in: AMC 10-2-2, Section 105.5.

—OFFICE USE ONLY—

Permit Fee: \$ _____ County Tax: \$ _____ City Tax: \$ _____ Recreation: \$ _____ TOTAL: \$ _____

PERMIT INFORMATION TO BE COMPLETED BY BUILDING INSPECTOR

PERMIT #: _____

Inspector: _____

Project Address: _____ Zone: _____

Lot Size: _____ X _____ Vacant: Yes No Variance: Yes No

Building: _____ X _____ Height: _____

Type of Construction: _____

Footings: Size: _____ X _____ Type: _____

Foundation: Size: _____ Type: _____

SPECIAL SITE RECOMMENDATIONS:

Special Inspector Required: Yes No

ROOF: Type: _____ Roofing: _____

INSULATION: Type: _____

_____ Street _____ Wide Improved: Yes No
_____ Street _____ Wide Improved: Yes No
_____ Alley _____ Wide

Floor Ht. Above Street Grade: _____

CURB & GUTTER: _____

Remarks: _____

PLANS CHECKED BY: _____ Date: _____

Remarks: _____

WATER & SEWER: Water Tap: _____ Checked By: _____

Sewer Tap: _____ Checked By: _____

Remarks: _____

APPLICATION APPROVED BY BUILDING INSPECTOR:

DATE: