

# TOWN OF SPRINGFIELD

ESTIMATED COST OF PROJECT: \_\_\_\_\_  
 BUILDING PERMIT FEE: \_\_\_\_\_  
 CHECK/CREDIT CARD/CASH: \_\_\_\_\_

DATE OF PAYMENT: \_\_\_\_\_

## BUILDING PERMIT APPLICATION

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

APPLICATION DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ **owner/contractor/agent/tenant/other**

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS OF PROJECT: \_\_\_\_\_

LEGAL DESCRIPTION OF PROJECT:

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

or Metes N Bounds \_\_\_\_\_

Lot dimensions: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ acres (or) \_\_\_\_\_ sq ft survey attached

DATE TO BEGIN CONSTRUCTION: \_\_\_\_\_

TYPE OF WORK TO BE DONE: \_\_\_\_\_

CLASSIFICATION OF CONSTRUCTION	SFR	R-1	R-2	Commercial	C-1	C-2	Industrial	M-1	M-2	Other
_____ house	_____ porch	_____ accessory unit	_____ shed	_____ manufactured home	_____ mobile home	_____ carport	_____ storage	_____ garage	_____ deck	_____ fence
_____ addition	_____ remodel	_____ modular	_____ manufactured home	_____ mobile home	_____ carport	_____ storage	_____ garage	_____ deck	_____ fence	_____ attached/detached
_____ tiny home	_____ modular	_____ manufactured home	_____ mobile home	_____ carport	_____ storage	_____ garage	_____ deck	_____ fence	_____ attached/detached	_____ attached/detached

Manufacturer Name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact name: \_\_\_\_\_

SIZE OF BUILDING _____	Construction Materials	_____ wood	_____ metal
NUMBER OF ROOMS _____		_____ stucco	_____ concrete
# of STORIES _____		_____ siding	_____ log
Building Height _____		heat/air conditioning: _____ boiler	
Height of Basement _____ (cellar)		_____ electric	_____ forced air
Height of 1st level _____		_____ gas	_____ central air
Height of 2nd level _____		_____ geothermal	_____ swamp cooler
		_____ space heater	_____ hot water baseboard
Foundation _____	_____ wood/block/cement/other		
STYLE OF ROOF _____	_____ gable/flat/pitched/other		_____ bath
ROOF MATERIAL _____	_____ metal/asphalt shingle/other		_____ kitchen

Commercial Property:  
 Needs to be 5% to 8% Landscaped or Xeriscape with weed barrier.

# TOWN OF SPRINGFIELD

WATER SERVICE:	TYPE _____	SIZE _____	BUILDING PERMIT #:	_____
SEWER SERVICE:	TYPE _____	SIZE _____	officer initial	_____
ELECTRIC SERVICE:	TYPE _____	SIZE _____	officer initial	_____
GAS SERVICE:	TYPE _____	SIZE _____	officer initial	_____

LOCATION ON THE PROPERTY \_\_\_\_\_

SET BACKS: (shortest distance from lot lines) \_\_\_\_\_

front yard: _____	N,E,S,W side yard: _____	drawing/
rear yard: _____	N,E,S,W side yard: _____	survey attached _____

Include these documents: **photos, side view, front view, building plans, floor plan, foundation plan**

\_\_\_\_\_ HOMEOWNER/BUILDER

ARCHITECT \_\_\_\_\_

Mailing address: \_\_\_\_\_

cell number \_\_\_\_\_

phone number \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

Mailing address: \_\_\_\_\_

cell number \_\_\_\_\_

phone number \_\_\_\_\_

SUB-CONTRACTORS:

ELECTRICIAN \_\_\_\_\_

Mailing address: \_\_\_\_\_

cell number \_\_\_\_\_

phone number \_\_\_\_\_

PLUMBER \_\_\_\_\_

Mailing address: \_\_\_\_\_

cell number \_\_\_\_\_

phone number \_\_\_\_\_

**Inspections to be conducted:** The permit and plans must be at the site during the inspections.

_____ foundation	_____ State electrical	_____ drywall/finish
_____ framing	_____ State plumbing	_____ roof/snow load

\_\_\_\_\_ *Certificate of Occupancy*

# TOWN OF SPRINGFIELD

BUILDING PERMIT #:

**Asbestos: I hereby certify that this project will not disturb asbestos above the trigger levels. \*Asbestos report required as per**

I do not know if an inspection has been conducted

An asbestos inspection has not been conducted

An asbestos inspection was conducted Date of inspection:

## AGREEMENT

The undersigned applicant hereby declares that he/she is the owner or agent of this proposed structure and that the accompanying plans and specifications for the erection of the structure for which this permit is issued are drawn in accordance to and comply with the ordinances of the Town of Springfield. **-MUNICODE CHAPTER 16-ZONING**

I certify that all answers contained in this application are true and correct to the best of my knowledge and further agree to comply with all laws and regulations of the State of Colorado and the Town of Springfield. ANY VIOLATION OF THE BEFORE MENTIONED CODES, RULES AND REGULATIONS SHALL RESULT IN AN IMMEDIATE REVOCATION OF THIS PERMIT. OR The applicant agrees to comply with Springfield Municipal Code, Chapter 16 by which this permit is granted, and further agrees that if the above said ordinances are not fully complied with, the permit will be revoked by the Town of Springfield, and shall become null and void. Construction will cease.

\_\_\_\_\_  
APPLICANT date

\_\_\_\_\_  
BUILDING INSPECTOR date

\_\_\_\_\_  
ISSUING OFFICER date

Phone: (719) 523-4528

Fax: (719) 523-6956

<https://townofspringfield.colorado.gov>

This space is department use only:

Property is zoned: \_\_\_\_\_

\_\_\_\_\_ Variance from the Board

\_\_\_\_\_ Special Use Permit

\_\_\_\_\_ other

APPROVED: \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

INSPECTOR COMMENTS: \_\_\_\_\_

REVIEW COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_