



City of Sheridan, Colorado
Building Department
4101 S. Federal Blvd.
Sheridan, CO 80110-5399
PHONE: 303-762-2200
FAX: 303-438-3398

FOR OFFICE USE ONLY
Date: _____
App/Permit #: _____
Plan Rvw Fee: _____

BUILDING PERMIT APPLICATION

PROJECT PROPERTY ADDRESS: _____

PROPERTY OWNER (Please Print): _____

PROPERTY OWNER EMAIL: _____

TENANT/FIRM NAME (Commercial Only): _____

PROPERTY OWNER MAILING ADDRESS:

Address: _____

City, State, Zip: _____

ARCHITECT/ENGINEER: _____

ARCHITECT/ENGINEER EMAIL: _____

ARCHITECT/ENGINEER PHONE: _____

CONTRACTOR NAME: _____

CITY OF SHERIDAN LICENSE #: _____

CONTRACTOR EMAIL ADDRESS: _____

CONTRACTOR CONTACT PHONE: _____

SUBCONTRACTORS *(A General Contractor possessing a City of Sheridan license in classes A-D must be listed if two or more disciplines are working on the project. All subcontractors on project must be licensed in the City of Sheridan and listed below. Please provide firm name, Sheridan license number, contact phone number and email address for each subcontractor)*

ELECTRICAL: _____

PLUMBING: _____

MECHANICAL: _____

OTHER: _____

OTHER: _____

OTHER: _____

PROJECT TYPE: RESIDENTIAL COMMERCIAL

PROJECT VALUATION: (Contract Value (attach copy of contract) or the cost of all materials and labor included in entire project)
\$ _____

WORK DESCRIPTION: For ALL project types provide below a detailed description of work. For new or renovated structures or areas please include square footages, current use of structures or areas, proposed use of structures or areas, size and efficiency of plumbing and mechanical appliances, etc. Also, if applicable, complete the section below that corresponds to your project type.

RESIDENTIAL PROJECTS (Complete the relevant sections)

ROOFING: # OF SQUARES _____ MATERIAL TYPE _____
WATER HEATER: GALLONS _____ BTU's _____ EFFICIENCY _____ %
FURNACE: BTU'S _____ EFFICIENCY _____ %
WINDOWS: (Circle One) REPLACEMENT or NEW EGRESS? Y or N U-FACTOR _____

COMMERCIAL PROJECTS (Complete the relevant sections)

OCCUPANCY CLASS _____ CONSTRUCTION TYPE _____ SQUARE FOOTAGE _____
PREVIOUS USE OF STRUCTURE OR AREA _____

OWNER/CONTRACTOR SIGNATURE OF UNDERSTANDING AND AGREEMENT

I hereby certify that I have read and agree to abide by all conditions printed on this application and that I assume full responsibility for compliance with applicable City of Sheridan codes and ordinances for work under any permit issued based on this application. I further certify that I am the legal owner or have been authorized by the legal owner of the property to perform the described work and am also authorized by the legal owner of any entity included on this application to list that entity on this application. I, the applicant for this building permit application, warrant the truthfulness of the information provided on this application.

CIRCLE ONE: (OWNER) (CONTRACTOR) or (AUTHORIZED REPRESENTATIVE) of (OWNER) (CONTRACTOR)

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

DEPARTMENT USE ONLY

OCCUPANCY CLASSIFICATION _____

OCCUPANT LOAD _____

CONSTRUCTION TYPE: _____

BLDG DEPT PROJECT VALUATION:

APPROVER:

DATE: