MECHANICAL PERMIT APPLICATION

4

Pitkin County
970/920-5526
970/920-5532 Inspection Line

Community Development Department
130 S. Galena
Aspen, CO. 81611

City of Aspen
920/920-5090
970/920-5448 Inspection Line

PERMIT NO. _____

JOB ADDRESS:			
OWNER	MAILING ADDRESS	ZIP	PHONE
OWNER'S REPRESENTATIVE	MAILING ADDRESS	PHONE	CITY/STATE
MECHANICAL CONTRACYOR	MAILING ADDRESS	PHONE	CITY/STATE LICENSE CO
USE OF BUILDING		BUILDING PERMIT NO.	

CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR
IS THERE A RESTAUARANT IN THIS BUILDING? YES ☐ NO ☐

TYPE OF FUEL: OIL ☐ NATURAL GAS ☐ LPG ☐
WILL PENETRATIONS BE MADE IN FIRE RESISTIVE CONSTRUCTION? YES ☐ NO ☐
IF YES, A PLAN REVIEW IS REQUIRED.

SPECIAL CONDITIONS:

Application Accepted	Plans Checked:	Approved for Issuance:
By:_____	By:_____	By:_____
Date:_____	Date:_____	Date:_____

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 12 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

_____
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

_____
PRINT NAME

_____
SIGNATURE OF OWNER (IF OWNER/BUILDER) DATE

SELECTTION OF METHOD FOR PAYMENT OF USE TAX

☐ **MONTHLY OR QUARTERLY RETURNS WILL BE SUBMITTED**

☐ **DEPOSIT METHOD: 1/2 OF 1% OF THE MATERIALS VALUATION PAID NOW AT ISSUANCE. FINAL REPORT ON TOTAL ACTUAL MATERIALS COST MUST BE FILED WITHIN 90 DAYS AFTER COMPLETION OF WORK. GENERAL CONSTRACTORS CHOOSING THIS METHOD MUST REPORT AND REMIT TAX FOR ALL SUBCONTRACTORS THAT DO NOT OBTAIN THEIR OWN PERMIT.**
MATERIALS VALUTION: _____

☐ **EXEMPT:** **STATE & PITKIN CTY RESALE NO. _____**
EXE,MPY ORGANIZATION: _____

Permit Validation

No.	PERMIT FEES TYPE OF FIXTURE OR ITEM	FEE
	Forced Air Systems-Gravity systems-B.T.U. $17.15	$0.00
	Wall, Suspended or Unit Heaters $17.15	$0.00
	Dryer Vent $8.45	$0.00
	Appliance Vent $8.45	$0.00
	Htg., Refrig., Cooling, Absorption Units $15.90	$0.00
	Repair, Alteration or Addition to Existing System $15.90	$0.00
	Boilers (includes vent) B.T.U. AFUE % $17.15	$0.00
	Air Handling Unit- C.F.M. $12.35	$0.00
	Evaporative Coolers $12.35	$0.00
	Ventilation Fan $8.45	$0.00
	Range Hood. $12.35	$0.00
	Gas "piping" $12.35	$0.00
	Gas Log or Appliance $12.35	$0.00
	Other $12.35	$0.00
	Plan Review $	
	Fixture Fee $	$0.00
	Permit $ $27.30	$27.30
	SUBTOTAL $	$27.30
	Use Tax $	
	TOTAL DUE $	

Contact Name and Telephone Number

FEES CALCUALTED ARE AN ESTIMATE ONLY. YOU WILL BE CALLED WITH TOTAL AMOUNT DUE FOR THIS PERMIT.

E-mail this form | Use Tax Dep | Reset this form | Print this form

Plumbing/Mechanical Permit is being issued on the condition that all items requested are on the approved plans. Any deviation shall require a change order/removal at the applicants expense. ALL PLUMBING AND MECHANICAL PERMITS ARE REQUIRED TO BE ON THE JOBSITE.