PLUMBING PERMIT APPLICATION

2

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

Community Development Department
130 S. Galena
Aspen, CO. 816111

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

_____
PERMIT NO.

JOB ADDRESS:

OWNER | MAILING ADDRESS | ZIP | PHONE

CONTRACTOR | MAILING ADDRESS | PHONE | CITY/STATE LICENSE NO

USE OF BUILDING | COMMERCIAL | RESIDENTIAL | BUILDING PERMIT NO.

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

TYPE OF FUEL: OIL ○ NATURAL GAS ○ LPG ○
WILL PENETRATIONS BE MADE IN FIRE RESISTIVE CONSTRUCTION?: YES ○ NO ○

DESCRIBE WORK:

SPECIAL CONDITIONS:

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

Contact Name and Phone Number

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. IF THIS PERMIT IS ISSUED TO A PROPERTY WITHIN THE ASPEN CONSOLIDATED SANITATION DISTRIST THE PROPERTY OWNER IS RESPONSIBLE FOR ADDITIONAL SEWER USE FEES.

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
	Water Closet (Toilet), Bidet $11.30	$0.00
	Bathtub $11.30	$0.00
	Lavatory (Wash Basin) $11.30	$0.00
	Shower $11.30	$0.00
	Kitchen Sink & Disp. $11.30	$0.00
	Dishwasher $11.30	$0.00
	Laundry Bar, Utility Sink $11.30	$0.00
	Clothes Washer $11.30	$0.00
	Floor Sink $11.30	$0.00
	Floor Drain $11.30	$0.00
	Water Heater M/BTU ea. $14.25	$0.00
	Gas Systems: # Outlets $1.30	$0.00
	Water Piping & Treating Equip $5.50	$0.00
	Other $11.30	$0.00
	Plan Review $	
	Fixture Fee $	$0.00
	Permit $	
	SUBTOTAL $	$0.00
	Use Tax $	
	TOTAL DUE $	

Fees shown are only an estimate. You will be contacted once the permit is approved with the actual total amount due.

E-mail this form | Print this form | Reset this form

1/2 of 1% Use Tax Deposit Validation

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.