

Town of Fowler Building Permit

114 E. Cranston Ave. Fowler, CO 81039 (719)263-4461 (719)263-5845 Fax

_____ Permit Application for New Building _____ Permit Application for Change to Existing Building

Location of Construction: _____

Owner's Name (print) _____

Owner's Mailing Address _____ Phone _____

Contractor: _____ Area Code & Telephone #: _____

Contractor Mailing Address: _____

Project Contact Person: _____ Contact Phone Number _____

Construction Start Date: _____ Expected completion date: _____

Estimated Total Cost of Construction: _____ Estimated Cost of Materials: _____

Estimated Town Sales Paid Tax: _____ Sales Tax Refunded: _____

* Estimated sales tax must be paid prior to receiving building permit. Sales tax paid to another jurisdiction for materials will be refunded up to the total estimated tax paid upon production of receipts at completion. At the same time the sales tax will be adjusted to account for over/under estimate of material cost.

NEW HOME:

*Before any new home construction begins, this application must be submitted along with a copy of the required supporting documents (Building Permit, plans, surveys, specifications, plot plan) and Building Fee.

CHANGE TO EXISTING BUILDING: Building Addition Shed Garage Pool

Other explain: _____

*A signed copy of this form will be returned to the applicant upon approval

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. The granting of a permit does not presume authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature: _____ Date: _____

Contractor's Representative: _____ Date: _____

-----**Do Not Write Below This Line**-----

Date Application Received: _____ Approved Denied Date: _____

Reason Denied: _____

Application approved by: _____

Estimated Job cost: _____ Fee: _____

Estimated Sales/Use Tax: _____ Sales/use tax paid: _____

Building Plans Submitted: _____ Plot Plan Submitted: _____

TOWN OF FOWLER

ZONING CODE CERTIFICATE OF COMPLIANCE

Location of Construction: _____

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone No.: _____

Contractor's Name: _____

Contractor's Mailing Address: _____

Contractor's Phone No.: _____

Construction Location Zoning District: _____ **Fire District:** _____

(OK=In Compliance; NO=Not in Compliance)

Set Backs: North Side _____ South Side _____ East Side _____ West Side _____

Other Limits: Height: _____ Total Area: _____ Corner Lot: _____

Type of Construction Proposed: _____

Purpose of Building: _____

Building Plans Submitted: _____ Plat Plans Submitted: _____

By signing below I certify that the proposed construction and use of the construction complies with the Fowler Zoning Code

Town Clerk Signature: _____ Date: _____

Printed Name: _____