



BUILDING PERMIT SUBMITTAL CHECKLIST FOR NEW BUILDS, REMODELS, ADDITIONS, AND STRUCTURAL REPAIRS

- IF WORK IS GOING TO BE DONE BY HOMEOWNER, PUT "SELF" UNDER CONTRACTOR INFORMATION.
 - ANY APPLICATION THAT IS NOT FILLED OUT COMPLETELY COULD BE DENIED.
 - APPLICANT SHOULD FAMILIARIZE THEMSELVES WITH REQUIRED INSPECTIONS (see inspections handout) AND THE TOWNS CODES (located on Town website, www.townofsimla.com)
 - READ CAREFULLY AND FILL OUT ALL APPLICATION INFORMATION. ANY QUESTIONS SHOULD BE DIRECTED TO THE TOWN OF SIMLA BUILDING INSPECTOR.
 - Ricky Stegmaier
rick@townofsimla.com
719-775-6378
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- COMPLETED APPLICATION
- SITE PLAN
- BLUEPRINTS INCLUDING:
 - STRUCTURAL DESIGN BY ENGINEER OR ARCHITECT (if applicable)
 - FLOOR PLAN OF ALL FLOORS, INCLUDING BASEMENT: TOTAL SQUARE FOOTAGE OF ALL LEVELS
 - ROOM SIZE AND USE (as applicable)
 - WINDOW AND DOOR LOCATIONS AND SIZES (as applicable)
 - WATER SHUT OFF LOCATION (as applicable)
 - ATTIC ACCESS LOCATION (as applicable)
 - FURNANCE LOCATION (as applicable)
 - HOT WATER HEATER LOCATION (as applicable)
- ENGINEERED FOUNDATION (as applicable)
- SOILS TEST (as applicable)

PERMIT APPLICATION FOR NEW ROOF AND RE ROOF

- COMPLETED APPLICATION
 - UNDER PROJECT DESCRIPTION, INCLUDE ROOFING MATERIALS BEING USED

323 Pueblo Ave. /P.O. Box 237 ~ Simla, CO 80835
719-541-2468
www.townofsimla.com

BUILDING PERMIT APPLICATION

DATE:	JOB ADDRESS:
OWNER	
NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP	
PHONE #:	
EMAIL ADDRESS:	
CONTRACTOR <input type="checkbox"/> SELF	
NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP	
PHONE #:	
EMAIL ADDRESS:	
ENGINEER <input type="checkbox"/> N/A	
NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP	
PHONE #:	
EMAIL ADDRESS:	

CLASS OF WORK

<u>NEW</u>	<u>REMODEL</u>	<u>ADDITION</u>	<u>REPAIR</u>	<u>RE ROOF</u>	<u>OTHER</u>
PROJECT DESCRIPTION:					
TOTAL SQ FT OF BUILDING			PROJECT COST \$:		
Sq ft	\$				

SETBACK IN FEET <input type="checkbox"/> N/A	<u>NORTH</u>	<u>SOUTH</u>	<u>EAST</u>	<u>WEST</u>

- **ALL MATERIALS AND WORKMANSHIP TO COMPLY WITH ADOPTED CODES OF THE TOWN OF SIMLA**
- **IF STATE ELECTRICAL AND/OR PLUMBING PERMITS ARE REQUIRED, THEY MUST BE OBTAINED SEPERATLEY**
- **PLEASE RETURN PAGES 2 -4 OF THIS PERMIT APPLICATION AS WELL AS ALL APPLICABLE ITEMS FROM THE PERMIT CHEKLIST**

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS PERMIT AND STATE THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND STATE LAWS REGARDING BUILDING CONSTRUCTION _____ (INITIALS)

I UNDERSTAND THAT MY PERMIT IS VALID FOR 180 DAYS FROM THE DATE OF ISSUANCE AND STAND THAT I CAN APPLY FOR A 180 DAY EXTENTION IF NEEDED. ADDITIONAL FEES WILL APPLY FOR AN EXTENTION. _____ (INITIALS)

SIGNATURE OF OWNER/CONTRACTOR/OR AUTHORIZED AGENT

DATE

FOR OFFICE USE ONLY

VALUATION:	
BUILDING:	\$
PERMIT FEES:	
BUILDING PERMIT:	\$
PLAN CHECK FEE:	\$
OTHER FEES:	\$
TOTAL DUE:	\$

BUILDING DEPARTMENT APPROVAL	
DATE:	SIGNATURE:
PERMIT # ISSUED:	#