



City of Aspen

130 South Galena Street, Aspen

THE CITY OF ASPEN

Aspen, CO 81611

Phone (970) 920-5090 Fax (970) 920-5440

General/Building Permit Application

Permit No.: _____

Master Permit No.: _____

PROJECT LOCATION

Job Address: _____ Unit #: _____

Legal Description	Lot:	Block:	Tract or Subdivision:	Parcel ID (call 920-5160)
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PROJECT INFORMATION

Description of Work:

Use of Building: Single Family Multi-Family Commercial/Residential Commercial Other

Class of Work: New Addition Alteration Repair Move Tenant Finish Demo Other Change Order

Valuation of Work: \$	Const. Mit. Sq. Ft.:	Disturbed Area:	Utility Affected Area:
Existing Gross Area of Unit (not FAR):	Gross Area This Permit (not FAR):	Parks Affected Area:	

MECHANICAL

PLUMBING

PLUMBING continued

NO.	TYPE OF EQUIPMENT	NO.	TYPE OF FIXTURE/ITEM	
	Repair, Alteration, or Addition		Repair, Alteration, or Addition	Water Heater M/BTU ea.
	Gas Log		Water Closet (toilet), Bidet	Gas Systems: # of Outlets
	Gas Appliance		Bathtub	Water Piping & Treating Equipment
	Ventilation Fans		Lavatory (wash basin)	Other:
	Appliance Vents		Shower	ELECTRICAL
	Range Hood		Kitchen Sink & Disposal	Square Footage
	Boilers, (includes vent) BTU _____ AFUE _____		Dishwasher	Valuation
	Gas Systems: # of Outlets		Laundry Bar, Utility Sinks	
	Forced Air/Gravity Sys. BTU _____ AFUE _____		Clothes Washer	
	Air Handling Unit - CFM		Floor Sink	
	Wall, Suspended, or Unit Heaters		Floor Drain	
	Evaporative Coolers		Hose Bib	
	Snowmelt System Sq. Ft.		Total Fixture Count	
	Other			

FOR CITY USE ONLY

PERMIT TYPE: BD CO DE FD FN MH MS RF SN

PLANS LOCATION:

Census Code	Occupancy Load	Occupancy Group	Lot Area	Zone District	Deed Restricted	# of Stories	# of Dwellings	Type of Construction:
Alarm System Req. <input type="checkbox"/> yes <input type="checkbox"/> no		Fire Sprinkler Req. <input type="checkbox"/> yes <input type="checkbox"/> no		Building Gross Sq. Footage		Unit Sq. Footage		

APPROVALS	✓	Name	Date	FEES			
Accepted by:				Fees due at Submittal:		Fees due at Issuance:	
Zoning				Plan Check	Permit Fee	Parks Impact	
HPC				Energy Code	REMP	School Ded.	
Building				Zoning 50%	Hourly Plan Check	TDM Impact	
Fire District				Eng. Review	Zoning Hourly Review	Ped. Amenity	
Engineering				Cons. Mit. 50%	Engineering Hourly	Housing Cash-in-lieu	
CMP				Parks Review	Zoning 50%	Stormwater fee in lieu	
Utilities				Utility Review	Cons. Mit. 50%	City Use Tax	
Water				Other	Electrical	County Use Tax	
Sanitation					Plumbing	GIS	
Env. Health					Mechanical	Aspen San. Dist.	
Parks						Other	

Approved to issue by: _____ RECEIPTS: _____

Issued by: _____



Permit No.: _____

Master Permit No.: _____

CONTACT INFORMATION

For Plan Review Questions Contact Name: _____ Phone No. _____

For Inspection Questions Contact Name: _____ Phone No. _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY HELP US CONTACT YOU FOR ANY QUESTIONS REGARDING YOUR BUILDING PERMIT APPLICATION

OWNER

Name: _____ Phone No. _____ Alternate Phone No. _____

Mailing address: _____ City: _____ Zip: _____

E-mail Address: _____

OWNER'S AUTHORIZED AGENT

Name: _____ Phone No. _____ Alternate Phone No. _____

Mailing address: _____ City: _____ Zip: _____

E-mail Address: _____

GENERAL CONTRACTOR

Name: _____ Phone No. _____ Alternate Phone No. _____

Mailing address: _____ City: _____ Zip: _____

E-mail Address: _____

ARCHITECT OR DESIGNER OF RECORD

Name _____ Phone No. _____ Alternate Phone No. _____

Mailing address _____ City _____ Zip _____

E-mail Address _____

LANDSCAPE ARCHITECT OF RECORD

Name _____ Phone No. _____ Alternate Phone No. _____

Mailing address _____ City _____ Zip _____

E-mail Address _____

STRUCTURAL ENGINEER OF RECORD

Name _____ Phone No. _____ Alternate Phone No. _____

Mailing address _____ City _____ Zip _____

E-mail Address _____

ELECTRICAL CONTRACTOR

Name _____ Phone No. _____ Alternate Phone No. _____

Email _____ City License No. _____

MECHANICAL CONTRACTOR

Name _____ Phone No. _____ Alternate Phone No. _____

Email _____ City License No. _____

PLUMBING CONTRACTOR

Name _____ Phone No. _____ Alternate Phone No. _____

Email _____ City License No. _____

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 has commenced unless approval is received from the Chief Building Official.

USE TAX: The General Contractor or Owner Builder is required to pay a Use Tax Deposit to both the City of Aspen (2.1%, first \$100,000 is exempt) and Pitkin County (0.5%, no exemption) on the building permit at the time of issuance.

INSPECTIONS: The General Contractor must schedule inspections online at www.aspenpitkin.com/Departments/Community-Development-Forms/

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 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. **It is my responsibility to review the approved plans and any comments that are contained thereon and see that the structure and/or project is built in compliance with all applicable codes.**

Contractor Signature: _____ Print Name _____ Date _____

Check if you are a tested owner builder (single family only). You must take a test and complete the owner/building affidavit

(CITY USE ONLY) Owner builder approved by: _____ Date: _____ Affidavit on file



GLOBAL CHECKLIST

Land Use Questions

If you check any of the boxes below, please consult with the Planner of the Day before submitting your permit application.

Part of an approved COA Land Use Review	<input type="checkbox"/>	Within Landmark Parcel or Historic District	<input type="checkbox"/>
Work affects net leasable or net livable space	<input type="checkbox"/>	Located in a 100-year flood plane or within 100' of high water mark	<input type="checkbox"/>
Work involves a lot split or combining a lot	<input type="checkbox"/>	Work involves changing from single family to a duplex/two homes, or vice versa	<input type="checkbox"/>
Working of the exterior of a structure (house or building)	<input type="checkbox"/>	Work involves changing an elevator or stair configuration	<input type="checkbox"/>
Adding to or decreasing the number of residential units	<input type="checkbox"/>	Changing the use of an existing structure or space	<input type="checkbox"/>
Changing the number or location of onsite parking	<input type="checkbox"/>		<input type="checkbox"/>

Additional Scope of Work

Please place a checkmark beside each item that applies to your project scope

Exterior Lighting added	<input type="checkbox"/>	Work involves exterior wall penetrations	<input type="checkbox"/>
Work involves Roof Penetrations	<input type="checkbox"/>	Work involves digging or excavation	<input type="checkbox"/>
Work adds/removes/changes plumbing fixtures	<input type="checkbox"/>	Involves Restaurant/Food Service	<input type="checkbox"/>
Disturbs soil equal to or exceeding 1,000 Sq Ft within 12 months	<input type="checkbox"/>	Affects Parking Spaces, Parking Meters, Loading Zones, or Alleys	<input type="checkbox"/>
Work occurs in public right of way	<input type="checkbox"/>	Adding Structures or Systems over Utility Lines	<input type="checkbox"/>
Work affects Trees or occurs within the Dripline of a Tree	<input type="checkbox"/>	Work within City Mall Boundaries	<input type="checkbox"/>
		None of the Above	<input type="checkbox"/>