



City of Aspen Mechanical Permit Application (4)

130 South Galena Street, Aspen, Colorado 81611

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

THE CITY OF ASPEN

PERMIT NO. _____

Job Address _____

Best Contact Name/Phone/Cell Phone/E-mail _____

| | | |
|-------|---------|-------|
| Owner | Address | Phone |
|-------|---------|-------|

| | | |
|-----------------------|-----------|-------------|
| Mechanical Contractor | Phone No. | License No. |
|-----------------------|-----------|-------------|

Description of work: (include nature of work, type and # of equipment to be installed)

USE OF BUILDING : COMMERCIAL MULTIFAMILY SINGLE FAMILY MASTER BUILDING PERMIT NO: _____

CLASS OF WORK: NEW ADDITION ALTERATION REPAIR VALUATION OF WORK \$ _____

WILL THERE BE ANY ROOF PENETRATIONS? YES NO IS THERE A RESTAURANT IN THE BUILDING? YES NO

WILL THERE BE ANY WALL PENETRATIONS? YES NO IF YES, ARE THEY INTERIOR EXTERIOR

| | | | | | |
|---------------------------------------|--|---|---|---------------------------------------|-------------------------------------|
| ACCEPTED: BY: _____ DATE: _____ | ZONING REVIEW: BY: _____ DATE: _____ | HPC REVIEW: BY: _____ DATE: _____ | ENV HEALTH: BY: _____ DATE: _____ | APPROVED: BY: _____ DATE: _____ | ISSUED: BY: _____ DATE: _____ |
|---------------------------------------|--|---|---|---------------------------------------|-------------------------------------|

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.

Contractor Signature _____ Print Name _____ Date _____

Owner Signature (if Owner/Builder) _____ Print Name _____ Date _____

| PERMIT FEES | |
|-------------|---|
| NO. | TYPE OF EQUIPMENT |
| | Forced Air Systems-Gravity Systems-B.T.U. |
| | Wall, Suspended or Unit Heaters |
| | Gas Log or Appliance |
| | Appliance Vents |
| | Htg., Refrig., Cooling, Absorption Unit |
| | Repair, Alteration or Addition |
| | Boilers (includes vent) B.T.U. |
| | Air Handling Unit - C.F.M. |
| | Evaporative Coolers |
| | Ventilation Fans |
| | Range Hood |
| | Gas Systems: # of Outlets |
| | Snowmelt System Sq Ft _____ |
| | Other |

| PERMIT FEES SUMMARY | |
|----------------------|--------|
| PERMIT FEE TYPE | AMOUNT |
| Permit | |
| Red Tag - Double Fee | |
| Use Tax | |
| TOTAL DUE | |
| RECEIPT HISTORY | |
| RECEIPT # | TOTAL |
| DATE | |

PAYMENT OF CITY OF ASPEN AND PITKIN COUNTY USE TAX The General Contractor or Owner Builder is required to pay a Use Tax Deposit to both City of Aspen (2.1%) and Pitkin County (.5%) on the building permit at time of issuance. All sub-permits pulled under a building permit are paid by this deposit payment and should not pay Use Tax.

Stand Alone Permits are required to pay Use Tax Deposit to both City of Aspen (2.1%) and Pitkin County (.5%) at time of permit issuance since they are not covered under a building permit.

Stand Alone Use Tax Payment:

Deposit: **City of Aspen:** 2.1% of 50% of project valuation (first \$100,000 is exempt)
Pitkin County: .5% of 50% of project valuation.

Exempt: **Exempt Organization** _____

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.