



Town of Pagosa Springs  
551 Hot Springs Boulevard · Post Office Box 1859 · Pagosa Springs, CO 81147  
Phone: 970.264.4151 · Fax: 970.264.4634

## Department of Building and Fire Safety BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_ BP # \_\_\_\_\_ - \_\_\_\_\_  
Project Address \_\_\_\_\_ Zoning \_\_\_\_\_  
Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Parcel# \_\_\_\_\_  
Building's Use \_\_\_\_\_  
Project Description \_\_\_\_\_

### CONSTRUCTION INFORMATION

- ☐ Residential ☐ Commercial Occupancy \_\_\_\_\_ (office use) Construction \_\_\_\_\_ (office use)
- ☐ Building ☐ Tower ☐ Retaining Wall over 4' High ☐ Storage Shed >200 sq ft.(residential)  
☐ Storage shed >120 sq. ft.(commercial) ☐ Fence over 7' high  
☐ Detached residential Garage/Shop ☐ Deck > 30" Above Grade ☐ Modular  
☐ HUD/Manufactured Home (Year Built) \_\_\_\_\_ ☐ Permanent Foundation
- ☐ New ☐ Repair/Remodel ☐ Addition ☐ Other(specify) \_\_\_\_\_

### BUILDING INFORMATION

(Include items affected by permitted work only please)

Number of stories _____	Covered Porches _____ Sq. ft.	Water: <input type="checkbox"/> PAWSD <input type="checkbox"/> Well-SJBHD
Basement _____ Sq. ft.	Decks _____ Sq. ft.	# of Water Closets _____
1 <sup>st</sup> Floor _____ Sq. ft.	Each Additional Floor _____ Sq ft.	# of Lavs./Sinks _____
2 <sup>nd</sup> Floor _____ Sq. ft.	Building Height _____ Ft.	# of Showers/Tubs _____
Garage _____ Sq. ft.	Type of Sewage: <input type="checkbox"/> Public <input type="checkbox"/> Septic	Flood Zone: <input type="checkbox"/> N <input type="checkbox"/> Y (Elevation Cert required)
	Sewage Authority:	Aviation Easement: <input type="checkbox"/> N <input type="checkbox"/> Y
	<input type="checkbox"/> PAWSD <input type="checkbox"/> Town of Pagosa <input type="checkbox"/> SJBHD	

### PROPERTY INFORMATION

Property Owner Name(s) \_\_\_\_\_  
Owner Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Tenant Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor \_\_\_\_\_ Company Name \_\_\_\_\_  
Contractor Work Permit # \_\_\_\_\_ MHIP Installers Cert# (Modular & Mobile Home Sets) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### PROJECT DESIGNER INFORMATION

Project Designer \_\_\_\_\_ Company Name \_\_\_\_\_  
CO License# (Arch/Designer) \_\_\_\_\_ Phone \_\_\_\_\_  
Town Business License # \_\_\_\_\_ Email Address \_\_\_\_\_

CONTINUED ON OTHER SIDE >

**Department of Building and Fire Safety**  
**BUILDING PERMIT APPLICATION-Continued-**

**VALUATIONS AND FEES**

Finished Space Cost \$ _____	<b>Building Permit Fee</b> \$ _____
Unfinished Space Cost \$ _____ (No interior finish)	<b>Plan review Fee (Commercial)</b> \$ _____
	<b>Total Fee</b> \$ _____
Attached Garage \$ _____	Date Paid _____ Rcvd by _____
Covered Porches \$ _____	Credit Card Confirmation# _____
Decks\$ _____	Check # _____
<b>*Total Valuation</b> \$ _____	

\*Subject to verification and Approval by Building Department

**SUBMITTAL REQUIREMENTS**

*The following must be submitted before applications can be accepted for review, and all fees must be paid.*

- **Plans**  
Two(2) complete printed sets and one (1) PDF(electronic) file
- **Fees paid**
- **Site Plan**  
Showing to scale the size and location of new construction and existing structures, distance from lot lines & dimensions. Street adjacent street & alley names. Include address or legal description.
- **Signed Building Permit Pre Application Checklist (residential)**
- **Signed Residential Development Standards (owner must sign)**

\_\_\_\_\_  
Owner/Authorized Representative (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Authorized Representative (Signature)