City of Boulder Planning and Development Services

Permit No. _____

Date Issued _____

Mechanical Permit Application

To construct, add, replace, alter or repair heating, ventilation, refrigeration, comfort cooling systems and other miscellaneous heat producing appliances in new and existing buildings.

Please Note: Applications must be logged in by 11am and 4pm

***Once you receive your permit, it must be available to the inspector at the work site, preferably posted in a place visible from the street.**

Project Address: _____

Date Applied: _____ Valuation: $ _____

☐ Single-family Detached Dwelling ☐ Duplex / Townhome

☐ Multifamily

Owner Name: _____

Address: _____

City: _____ Phone No.: _____

Contractor Name: _____

Phone No.: _____ License No.: _____

I agree to perform the work described herein, in accordance with the plans and/or specifications submitted, and with all provisions of the Building Code, Residential Code, Mechanical Code, Plumbing Code, Fire Code and health Regulations of the city of Boulder as enumerated in the Boulder Revised Code, 1981.

_____

Applicant's Signature Date

Scope of work (Indicate whether New or Replacement.):

New	Replace		New	Replace	
☐	☐	Water Heater	☐	☐	Gas Fireplace
☐	☐	Forced-Air Furnace	☐	☐	Fireplace Insert
☐	☐	Boiler	☐	☐	Decorative Appliance
☐	☐	Radiant Heat	☐	☐	Unit Heater
☐	☐	Refrigeration System	☐	☐	Space Heater
☐	☐	Comfort Cooling	☐	☐	Duct Work Only
☐	☐	Roof-Top Unit	☐	☐	Ventilating Equipment
☐	☐	Other (Describe below.)	☐	☐	Gas Piping Only

_____ _____

For: _____

_____

_____

_____

BTU Rating: _____

Location in Building: _____

Revised Dec 2011
1202.pdf

SKIP-A-TRIP

Faxable/Drop-Off Application Form

Please do not email credit card information
Permit applications containing credit card information must be submitted via fax

Note: Skip-A-Trip permits are only applicable for residential projects.

To: City of Boulder Planning and Development Services – attn: Permitting
Fax #: 303-441-4241

From: _____

Date: _____ , 20_____ LIC#: _____

# of pages, including this page: _____

- Permit will be processed within two business days after receiving application.
- Incomplete applications shall be return-faxed to the sender.

Preferences for receiving the approved permit

☐ I will pick up the permit from the Planning and Development Services Center.
Contact name: _____ Daytime Phone No.: _____

☐ Fax me the permit (credit card payment required). Return Fax No.:(____)_____

☐ Email me the permit (credit card payment required). Return email address: _____

☐ Visa ☐ MasterCard Credit Card #: _____

Name as it appears on card: _____ Exp. Date: _____

Billing address of credit card: _____

Signature: _____

Note: All credit card information is shredded daily