



City of Boulder Planning and Development Services

1739 Broadway, 3rd Floor Boulder, CO 80306

Phone: 303-441-1880 Fax: 303-441-3241

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

Office Use Only

Date Received: Case No. PMT:

Multi-Family and Non-Residential Building Permit Application

Project Address:

Property Owner Applicant

Name: Address: Address: Phone: Fax: E-Mail:

Primary Contact General Contactor

Name: Address: Address: Phone: Fax: E-Mail: License #:

CATEGORY OF USE

Commercial Multi-Family Mixed Use Industrial Other

DETAILED DESCRIPTION OF WORK

For single use applications please complete the Type of Work and Primary Use sections below and then continue to page 3. For mixed use applications please complete the Type of Work and Use sections on pages 1 and 2 for each separate use.

TYPE OF WORK

Occupancy Classification Scope Specific Use Construction Type Automatic Fire Extinguishing System Automatic Fire Alarm System Sprinkler System

PRIMARY USE (For multiple uses complete page 2)

Amusement/Recreational Commercial/Retail Financial Institution Government Uses Hospital/Institutional Manufactured/Mobile Home Manufacturing Medical & Dental Clinics Motel/Hotel/B&B Multi-Family Dwellings Office - Administrative Office - Professional Office - Technical Parking Garage Personal Service Religious Assembly Research & Dev. Restaurant School/Educational Service Industrial Service Station SF Attached Dwelling Warehousing Wholesale Carport - Attached Carport - Detached Deck Garage - Attached Garage - Detached Patio Cover Porch Public Works/Utilities Shed Shop Swimming Pool Telecommunications Other (Describe Below)

DETAILED WRITTEN DESCRIPTION OF USE (please be as specific as possible)

Please complete this page for a Mixed Use application only.

TYPE OF WORK

Occupancy Classification <input type="checkbox"/> A1 <input type="checkbox"/> F1 <input type="checkbox"/> I1 <input type="checkbox"/> R3 <input type="checkbox"/> A2 <input type="checkbox"/> F2 <input type="checkbox"/> I2 <input type="checkbox"/> R4 <input type="checkbox"/> A3 <input type="checkbox"/> H1 <input type="checkbox"/> I3 <input type="checkbox"/> S1 <input type="checkbox"/> A4 <input type="checkbox"/> H2 <input type="checkbox"/> I4 <input type="checkbox"/> S2 <input type="checkbox"/> A5 <input type="checkbox"/> H3 <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> H4 <input type="checkbox"/> R1 <input type="checkbox"/> E <input type="checkbox"/> H5 <input type="checkbox"/> R2	Scope <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Core & Shell <input type="checkbox"/> Tenant Finish /Interior _____ Sq.Ft <input type="checkbox"/> Remodel/Exterior _____ Sq.Ft _____ Valuation <input type="checkbox"/> Repair _____ Sq.Ft _____ Valuation <input type="checkbox"/> Tenant Remodel _____ Sq.Ft _____ Valuation	Specific Use <input type="checkbox"/> Finished Basement <input type="checkbox"/> Mini-Warehousing <input type="checkbox"/> Unfinished Basement	Construction Type <input type="checkbox"/> I-A <input type="checkbox"/> III-A <input type="checkbox"/> I-B <input type="checkbox"/> III-B <input type="checkbox"/> II-A <input type="checkbox"/> IV <input type="checkbox"/> II-B <input type="checkbox"/> V-A <input type="checkbox"/> V-B	Automatic Fire Extinguishing System <input type="checkbox"/> Yes <input type="checkbox"/> No Automatic Fire Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No Sprinkler System <input type="checkbox"/> NFPA 13 <input type="checkbox"/> 13-R <input type="checkbox"/> 13-D
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USE

<input type="checkbox"/> Amusement/Recreational	<input type="checkbox"/> Motel/Hotel/B&B	<input type="checkbox"/> Research & Dev.	<input type="checkbox"/> Carport - Attached	<input type="checkbox"/> Shed
<input type="checkbox"/> Commercial/Retail	<input type="checkbox"/> Multi-Family Dwellings	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Carport - Detached	<input type="checkbox"/> Shop
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Office - Administrative	<input type="checkbox"/> School/Educational	<input type="checkbox"/> Deck	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Government Uses	<input type="checkbox"/> Office - Professional	<input type="checkbox"/> Service Industrial	<input type="checkbox"/> Garage - Attached	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Hospital/Institutional	<input type="checkbox"/> Office - Technical	<input type="checkbox"/> Service Station	<input type="checkbox"/> Garage - Detached	
<input type="checkbox"/> Manufactured/Mobile Home	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> SF Attached Dwelling	<input type="checkbox"/> Patio Cover	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Personal Service	<input type="checkbox"/> Warehousing	<input type="checkbox"/> Porch	
<input type="checkbox"/> Medical & Dental Clinics	<input type="checkbox"/> Religious Assembly	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Public Works/Utilities	

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ELECTRICAL

Residential Valuation \$ _____ Non-Residential Valuation \$ _____ Add New Replace

Type of Service

Non-Residential Residential
 Mobile Home Size of Service _____

Check the Included Items

Residential Only

New Wiring _____ Sq.Ft. Temporary Construction Power
 Rewiring _____ Sq.Ft. Other

MECHANICAL

Residential Valuation \$ _____ Non-Residential Valuation \$ _____ New Replace

Indicate types of systems to be installed and their locations using locations listed below:

Basement, Crawl Space, Garage, Kitchen, Rooftop, First Floor, Second Floor, Third Floor, Fourth Floor, Fifth Floor

Water Heating System

Low Pressure Boiler
 Water heater
 Location _____

Building Heating System

Duct Furnace
 Forced Air Furnace
 Heating and Cooling Unit
 High Pressure Boiler
 Low Pressure Boiler
 Sealed Combustion Heater
 Space Heater
 Unit Heater
 Location _____

Cooling System

Comfort Cooling
 Refrigeration
 Ventilation Equipment
 Location _____

Gas System

Fireplace Insert
 Gas Fireplace
 Gas Logs
 Gas Meter Move
 Gas Piping
 Gas Piping and Fireplace
 Location _____

Hood

Type I. Vent and Fan Hood
 Location _____
 Type II. Vent and Fan Hood
 Location _____

PLUMBING

Residential Valuation \$ _____ Non-Residential Valuation \$ _____

Baths

Set _____
 # Roughed-in _____

Backflow Preventors

Fire Line _____ Quantity
 Irrigation _____ Quantity
 Domestic _____ Quantity

Plumbing System

Fixture Relocate Only
 Sewer
 Interceptor
 Water Piping

SITEWORK

Residential Valuation \$ _____ Non-Residential Valuation \$ _____

Landscaping Screen Service Area Trash Enclosure
 Street Trees Screened Rooftop Units Other _____
 Irrigation Systems Grading Cu. Yards _____

Stormwater Management

Detention Pond / Stormwater Quality Facility
 Erosion Control / Stormwater Management Plan (SWMP)*
 Dates Erosion Control will be in place:
 From: _____ To: _____
 *SWMP is required for all projects disturbing 1 acre of land or greater

PROJECT DATA

	Existing	Upon Completion
Total Gross Floor Area of Buildings	Sq.Ft.	Sq.Ft.
Number of Floors Above Existing Grade Plane		
Number of Residential Units		
Number of Accessible Fair Housing Act Units		
Building Coverage or Lot Coverage		

Zoning District: _____ Floodplain: Y or N; If yes, Flood Permit Number _____
 Number of Affordable Units: _____ Basement: Y or N Historic District: Y or N Landmarked Bldg.: Y or N

	Existing	Upon Completion
Open Space (9-9-11(f) & 9-9-11(c))	Sq.Ft.	Sq.Ft.
Number of Parking Spaces _____ Provided _____ Required (9-3.2 BRC)		
Number of Handicapped Spaces _____ Provided _____ Required	Not Applicable	

Lot Area: _____ Sq. Ft. (not acres)

Height from Low Point: _____ (The vertical distance from the lowest point within 25 feet of the tallest side of the structure to the uppermost point of the roof.)

Has this property been part of an approved City of Boulder review (i.e., Site Review, Use Review, PUD, PRD, PD, etc.)? Y or N
 If yes, please list the project name and case number(s): _____

FEES

The fees were set by the Boulder City Council and are included in Title 4 Chapter 20 of the Boulder Revised Code. To calculate estimated fees, please reference the Schedule of Fees and Permit Fee Estimator Work Sheet. A plan check fee is required at time of application.

NOTICE

Contractors and subcontractors are required to have an active license with the City of Boulder. This application expires after 180 days if the permit is not obtained.

AFFORDABLE HOUSING REQUIREMENTS

Inclusionary Housing requirements apply to all new dwelling units as enumerated in chapter 9-13 B.R.C, 1981.

SIGNATURE OF OWNER OR AUTHORIZED AGENT FOR OWNER

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, Zoning Ordinance, and Health Regulations of the City of Boulder as enumerated in the Boulder Revised Code, 1981.

Signature: _____ Date: _____