

# Building Permit Application

Planning and Zoning Division  
Building Safety Division



100 Jefferson County  
Parkway, Suite 3550  
Golden CO, 80419

**Building Permits are now only  
accepted online:** [www.jeffco.us/2348](http://www.jeffco.us/2348)  
**Fees:** [www.jeffco.us/2920](http://www.jeffco.us/2920)

**Contact Planning & Zoning:** [pzweb@jeffco.us](mailto:pzweb@jeffco.us)  
<https://planning.jeffco.us>  
(303) 271-8700

**Contact Building Safety:** [buildingsafety@jeffco.us](mailto:buildingsafety@jeffco.us)  
<https://jeffco.us/building-safety>  
(303) 271-8260

Permit Number (for Jeffco employee use only): \_\_\_\_\_

## Site and Project Details

Building Site Address, PIN, or detailed property description \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building Height \_\_\_\_\_ Elevation Above Sea Level \_\_\_\_\_ Stories \_\_\_\_\_ Bedrooms \_\_\_\_\_  
**Type of Structure:** Deck Garage Single Family Two Family Multi-Family Commercial Industrial  
Other, please describe: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Valuation: (material and labor) \$ \_\_\_\_\_

## Owner and Contractor Information

Property Owner(s) \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Property Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor Name and/or Company (residential owners may list **self** if self-contracting) \_\_\_\_\_

Contractor Phone Number \_\_\_\_\_ Contractor Email \_\_\_\_\_

Contractor Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Agreement and Signature

I hereby swear and affirm that I am the current owner or am representing the current owner in applying for this permit. I further acknowledge that I have read this application and state that the above is correct and agree not to start this project until this application has been approved and the permit has been issued and posted on the job site. I further agree that the described scope of work will not be occupied without final inspections. I understand that a certificate of occupancy, if required, will not be issued until all utilities have been installed and connected. Correct setbacks from property lines are the responsibility of the applicant.

**Applicant is responsible for complying with local Fire Protection District codes.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Additional Contact Person (leave blank if none) \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

# Building Permit Application

Permit Number: \_\_\_\_\_

## Jefferson County Staff Use Only - Planning and Zoning Division

Approved by				Date	Zone District
<b>Info Items</b>				<b>Setbacks (circle any requiring ILC/SVF)</b>	
Property type	Platted Lot	M&B	Other:	Front	Req'd: Shown: Direction:
Access	Public	Private	Other:	Side	Req'd: Shown: Direction:
GP/NOI	Yes	No		Side	Req'd: Shown: Direction:
Defensible Space	Yes	No	Sq.ft:	Rear	Req'd: Shown: Direction:
Fire District Review	Yes	No		Combined	Req'd: Shown:
Fire Access Letter	Yes	No		<b>Height</b>	
Driveway Plans	Yes	No		Primary	Accessory
ILC/SVF	ILC	SVF	None	Public Well Number:	
Floodplain	Yes	No	Map:	Max Height Allowed: Water Provider:	
Geohazards	Yes	No	Type:	Existing Primary Height: Static Water Level:	
WUI Hazard	Yes	No		Height Shown: Total Depth: GPM:	
Prebles	Yes	No		<b>Lot Size</b>	
TIF	Yes	No	Type:	Required: Public Septic:	
Mountain GW	Yes	No		Shown: Sewer Provider:	
				Legal Non-conforming? BR Shown: BR Allowed:	

**Other Notes**

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## Jefferson County Staff Use Only - Building Safety Division

\* All card payments 2.5% extra

Approved by	Date	Valuation	Permit Fee	Plan Review Fee	Traffic Impact Fee
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**Remarks**

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