



PARK COUNTY DEVELOPMENT PERMIT APPLICATION

Parcel No. ([Search](#)): _____ Project Address: _____

Legal Description:

- Subdivision Name: _____ Filing: ____ Lot: ____ **OR**
 Metes & Bounds: Township _____ Range _____ Section _____

For septic and building permits, have you contacted your HOA for project approval? Yes No

Property Acreage: _____

Applicant/Contractor

Name: _____ Park County Contractor License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____ Email Address: _____

Septic Installer Name and License #: _____

State Installer ID (if applicable): _____

Property Owner

- Same as Applicant

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Gate or Lock Box Code: _____

To find out more information about developing in Park County click on this [link](#).

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Check the below box(s) to select what you would like to apply for: **Please complete the signature pages.**

Application Type	Required Sections of the Application	Application Fee
<input type="checkbox"/> Request for Address	Plot plan showing preliminary driveway location	\$0
<input type="checkbox"/> Driveway	Section A (Your plans must be onsite for each inspection)	Circle One: New - \$150 Registration - \$100
<input type="checkbox"/> Site Evaluation	Section A	\$150
<input type="checkbox"/> Sewer Line	Sections A, B (Your plans must be onsite for each inspection)	\$100
<input type="checkbox"/> Septic System - New	Sections A, B (Your plans must be onsite for each inspection)	Circle One: Residential - \$523 Commercial - \$723
<input type="checkbox"/> Septic System – Registration	Sections A, B; NAWT-certified inspection	\$100
<input type="checkbox"/> Septic System – Mod/Repair	Sections A, B (Your plans must be onsite for each inspection)	Circle One: System - \$323 Field only - \$150 Tank only - \$100 Sewer line - \$100
<input type="checkbox"/> Septic System – Transfer of Title	Pages 1,2,&6; NAWT-certified inspection must be included	\$50
<input type="checkbox"/> Setter Only (set only permit)	Pages 1,2,6,8 as well as the application for Residence (HUD/Modular) BLD application	Setter -\$300 + cost of the Insignia
<input type="checkbox"/> Residence – Site-Built	Sections A, B, C	Scope-based
<input type="checkbox"/> Residence – HUD, Modular*	Sections A, B, C	
<input type="checkbox"/> Addition	Sections A, B, C	
<input type="checkbox"/> Remodel	Sections A (if not on file), B, C	
<input type="checkbox"/> Basement Finish	Sections A (if not on file), B, C	
<input type="checkbox"/> Deck	Sections A, B, C	
<input type="checkbox"/> Roof/Cover	Sections A, B, C	
<input type="checkbox"/> Accessory Structure Type:	Sections A, B, C	
<input type="checkbox"/> Commercial Structure Type:	Sections A, B, C	
<input type="checkbox"/> Demolition	Sections A, C	
<input type="checkbox"/> Excavation	Sections A, C	\$100
<input type="checkbox"/> Foundation	Sections A, B, C	\$200
<input type="checkbox"/> Other:	Scope-dependent	Scope-based

Please sign that you understand that your Septic and Driveway plans will be on site for each inspection: _____

*Mfr: _____ Model (Number): _____ Serial Number: _____ Year Built: _____

Narrative of Proposed Work (attach pages if necessary):

SECTION A. PLANNING & ZONING APPROVAL

	1. Please include a plot plan at a common engineering scale showing:
	a) The name of project, project address, a north arrow, and preparation date.
	b) The location of the driveway, roads, rights-of-way, access easements, and any parking spaces, including ADA parking, if the project is for commercial purposes.
	c) Location of the septic tank and leach field.
	d) The location and dimensions of all existing and proposed structures.
	e) Distance between all existing and proposed structures.
	f) All setback distances from each existing building(s), proposed building(s), septic tank, leach field, and well to <i>all</i> property lines (measured at 90°).
	g) Property line dimensions.
	h) Overhead utility lines.
	i) Propane tank.
	j) Any watercourses or wetlands (see the National Wetlands Inventory).
	2. A recorded and current Warranty Deed showing the full legal description of the parcel. If there are multiple names on the current Warranty Deed demonstrating ownership other than in “Joint Tenancy”, all other owners on the deed must either sign this application or provide a notarized letter of authorization stating approval for the project. If the property owner is an entity other than a person(s), supporting documentation to verify who is permitted to sign for that entity will be required.
	3. Deed Requirements: <ul style="list-style-type: none"> • Agricultural zoned parcels less than 35 acres – a warranty deed prior to June 1, 1972 is required. • Properties not in a subdivision less than 35 acres – check for legal lot creation.
	4. If the application is for a Retail or Medical Marijuana Establishment, please attach a copy of the applicable State and County Licenses.

Office Use Only:

- Owner name: _____
- Deed reception #: _____ Type of Tenancy: _____
- Statement of Authority or Add'l Deed Info: _____

Mapping Research:

- Address Verification: _____
- Zone District: _____ Acreage: _____
- Fire District _____
- Ridgeline: _____
- Floodplain/Wetlands: _____
- Historical Review Comments: _____

Additional Research:

- Accela Conditions: _____
- Plat Review Comments: _____
- Certificate of Occupancy #: _____
- Notes: _____

Type of Permit: _____ **Approved by:** _____ **Date:** _____

SECTION B. ENVIRONMENTAL HEALTH APPROVAL

Please complete the following information for the Environmental Health Department:

The Building Department has plans for the property listed below:

Proposed building project _____

Number of existing bedrooms _____ Additional bedrooms being added _____

Is plumbing being added? (Sink, toilet, shower) Yes _____ No _____

Applicant's Signature: _____ Date: _____

ENVIRONMENTAL HEALTH DEPARTMENT USE ONLY:

Permit # _____ was approved for _____ bedrooms on

_____ by: _____
Date Sanitarian

- The Archived system is/is not sufficient for the proposed project. A copy of the septic permit is attached.
- The number of bedrooms exceeds permitted number and an OWTS repair permit has been issued.
- This system is undocumented and the existing OWTS will need to be evaluated per the Undocumented Systems Application procedures.
- Sewer line connection required.

Environmental Health Department Signature: _____ Date: _____

Additional Comments: _____

SECTION C. BUILDING DEPARTMENT REVIEW

Your submitted plans will be reviewed by the Building Department for compliance with applicable codes and regulations. Omission of any item listed below may delay the acceptance of your application or your plan review.

1.	If you are the property owner and are building the structure yourself, please provide the attached Homeowner Statement of Responsibility and Owner-Builder Declaration .
2.	If you are the general contractor, a notarized Authorization from the Homeowner or signed construction contract is required for you to apply and receive the building permit and Licensed Contractor Declaration .
3.	Two sets of construction drawings to legible scale (i.e. 1/4" = 1 ft., etc.) showing all items listed here: Park County Building Permit Application Plan Content Requirements .
a)	Address, wind load, snow load , live and dead loads, and clearly marked scale. Plans will not be accepted without full stamped structural plans.
b)	Foundation plan showing footing and foundation sizes, rebar size and locations, and foundation details.
c)	Floor plan showing size and use of areas, windows and window egresses, door locations and size, smoke and carbon monoxide detectors, stairways, and decks.
d)	Floor framing plan indicating the headers, connections, lumber species, grade, size, spacing and span of all members including any deck framing.
e)	Roof framing plan indicating the headers, connections, lumber species, grade, size, spacing, and span of all members. Roof trusses are an engineered product and as such, we require stamped engineered truss drawings to be submitted prior to or at the framing inspection.
f)	Typical wall section indicating the types of materials and method of construction from the footing to the roof covering, size of walls, and steel placement in stem/basement walls.
g)	Elevations showing all exterior views with construction details and grades of North, East, South, and West.
h)	Any special construction details, etc.
4.	If you are remodeling, renovating, or demolishing a structure, you must call the Colorado Department of Public Health & Environment (CDPHE) (303-692-3100). They will inform you about testing and inspection requirements, require the applicable inspection report, and notify the you whether no regulated asbestos materials will be impacted during the planned renovation, or if abatement is required. This report must be submitted to the Building Department prior to permit issuance.
5.	Platte Canyon Fire Department Mitigation Permit (if applicable) - 303-838-5853.
6.	Jefferson/Como Fire Protection District – Fire Mitigation Survey/Impact Fee (if applicable) - 719-836-2082.
7.	Hartsel Fire Protection District Impact Fee Receipt (if applicable) - 719-836-3500.
8.	Southern Park County Fire Protection District sign-off required before final inspection - 719-689-9479.
9.	Minimum of 50% of the permit fee.

Construction type:

- | | | | |
|--------------------------------|------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Log | <input type="checkbox"/> Steel | <input type="checkbox"/> Post & Beam |
| <input type="checkbox"/> SIP | <input type="checkbox"/> ICF | <input type="checkbox"/> Masonry | <input type="checkbox"/> Other: _____ |

State Plumbing Permit: Yes No **State Electric Permit:** Yes No

Estimated Construction Cost: \$ _____ **Number of bedrooms:** _____

Building Square Footage: Please only fill in the square footage for the proposed building project

Main Floor	_____ sq. ft.	Uncovered Deck	_____ sq. ft.
Second Floor	_____ sq. ft.	Covered Deck	_____ sq. ft.
Rough Basement	_____ sq. ft.	Garage: _____	_____ sq. ft.
Finish Basement	_____ sq. ft.	Other: _____	_____ sq. ft.

*If you have a loft we need to know what it will be used for _____

Type of Heat (permanent heat source required):

- | | | | |
|--|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> LPG (propane) | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Stove (wood) | <input type="checkbox"/> Fireplace (auxiliary) |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Solar | <input type="checkbox"/> Other: _____ | |

CERTIFICATIONS

I understand that the owner and applicant are responsible for the accuracy and completeness of all information submitted in this application.

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 the authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

New structures shall not be used, occupied, or furnished (in part or in whole) prior to final inspection and issuance of a Certificate of Occupancy by a building official. Doing so is a violation of the Building Code and may cause delays in the completion of the project.

I acknowledge that some roads in Park County are not maintained by the County. It is my/our responsibility to contact Public Works for information regarding maintenance conducted by the County on my road and in my area. I understand that development of my property does not obligate the County to any maintenance responsibility.

In order to receive a Certificate of Occupancy for your structure, your septic system file must be finalized and closed with the Environmental Health Department. It is the RESPONSIBILITY OF THE PROPERTY OWNER to make sure all documents have been submitted to the Environmental Health Department for permit closure, including the well permit and well log, final engineer's letter, and an "as-built" diagram of the existing septic system.

I also understand that, for building construction projects, I must commence work within 180 days of permit issuance and have a scheduled inspection performed within every 180 days.

_____	_____	_____
Applicant/General Contractor Name (please print)	Signature	Date
_____	_____	_____
Property Owner's Name (please print)	Signature	Date
_____	_____	_____
Additional Property Owner's Name (please print)	Signature	Date

LICENSED CONTRACTOR DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

_____ I have and will maintain a certificate of consent to self-insure for workers' compensation.

_____ I have and will maintain workers' compensation insurance.

_____ I certify that while performing the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the works compensation laws of Colorado, and if I should become subject to the workers' compensation laws, I shall forthwith comply with these laws or this permit shall be deemed revoked.

Signature of Contractor

OWNER-BUILDER DECLARATION

_____ I, as the owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

_____ I, as the owner of the property, am acting as general contractor and will abide by the building code for which this permit is issued and have a working knowledge of what is expected when each inspection is performed, and fully responsible as general contractor for any and all phases of subcontracted work, including any applicable insurance coverage requirement.

_____ I, certify that I have read this application and state that the information given is true correct, I agree to comply with all county ordinances and State laws relating to the aforementioned property for inspection purposes at any time and I make this statement under penalty of law.

If a temporary construction dwelling is being occupied during construction, the property owner shall complete an Affidavit to Register and Occupy a Construction Dwelling as a Temporary Use. This document can be obtained from the Planning Department to be kept on file during construction, and is effective only after a building permit has been issued.

Signature of Owner

HOMEOWNER STATEMENT OF RESPONSIBILITY

I understand that by signing this “statement of responsibility”, I, as the owner of the real property listed below, have assumed the responsibility for the work proposed herein. I also understand that as a Homeowner/Builder, I am required to have a working knowledge of the applicable codes and regulations and a working knowledge of what is expected when each required inspection performed. I am also fully responsible for code compliance of any and all work done on the project.

PLEASE DO NOT CONTINUE COMPLETION OF THIS FORM IF YOU DO NOT UNDERSTAND THE ABOVE PARAGRAPH OR FEEL YOU ARE NOT QUALIFIED AS OUTLINED IN THE ABOVE PARAGRAPH.

I, _____, being the owner of real property located at:

Name

Address

I am accepting all of the responsibilities of acting as my own General Contractor and I acknowledge that I have read and fully understand all of the terms of this HOMEOWNER STATEMENT OF RESPONSIBILITY. I have applied for a permit(s) with Park County Development Services to build:

_____ on said property.

Type of item i.e.: Septic, Dwelling, Garage etc.

Homeowner Signature

Date

AUTHORIZATION FROM OWNER TO CONTRACTOR

I/we, the undersigned grant _____ the authority to act as
REPRESENTATIVE/AGENT
my/our representative/agent to submit and pick up documents related to any Development Permits:

Address: _____

Property Legal description: _____

_____ on said property.
Type of item i.e.: Septic, Dwelling, Garage etc.

Signature of Owner authorizing the Contractor OR

Signature of Contractor authorizing Agent

NOTE: Building Contractors are required to be licensed in Park County (Resolution 2003-78)

STATE OF _____

COUNTY OF _____

Acknowledged before me this _____ day of _____ year _____

By _____
(Print name of Owner/Contractor)

Witness my hand and seal.

My Commission expires: _____

Notary Public Signature

Notary Stamp:
[Empty box for Notary Stamp]