



Commercial/Industrial Construction – Remodel/Addition

Tenant:		Building Permit #: B	
Job Address:		Bldg #:	Unit #: Lot Area:
Legal Description	Lot:	Block:	Subdivision: Filing: Zone:
Structure		Fire Sprinklers : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stories:	Building Height:	A/C added: Yes <input type="checkbox"/> No <input type="checkbox"/>	Alarm Systems: Yes <input type="checkbox"/> No <input type="checkbox"/>
Square Feet Added or Remodeled			
Finished:	1 st Story:	2 nd Story:	3 rd Story:
Basement:	Finished:	Unfinished:	Mezzanine: Other:
If new landscaping is included in the remodel/addition, area in turf or mulch:			
Electric Do you need: Construction Power <input type="checkbox"/> Final Connect <input type="checkbox"/> Utility Interconnection for alt power source <input type="checkbox"/>			
Electric Facilities Description	Existing		Proposed
Voltage	1-phase: <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 3-phase : <input type="checkbox"/> 120/208 <input type="checkbox"/> 277/480		1-phase: <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 3-phase: <input type="checkbox"/> 120/208 <input type="checkbox"/> 277/480
Type of service	<input type="checkbox"/> OH <input type="checkbox"/> UG		<input type="checkbox"/> OH <input type="checkbox"/> UG
Main disconnect ratings			
Electric meters and panel rating			
# of service lateral conductors and size			
Valuation:	Plan Check Fee:	Total Permit Fee:	
General Information			
Owner:	Address:	Phone #:	
General Contractor:			City License #:
Electrical Contractor:			City License #:
Plumbing Contractor:			City License #:
Mechanical Contractor:			City License #:
Contact:			Phone #:
Party Responsible for Payment of Construction, Connection, Metering Costs and/or Monthly Utility Bill			
Name:	Address:	Phone #:	

There will be **ADDITIONAL COSTS** payable to Longmont Power & Communications (LPC) to connect your electric service. Please contact LPC at 303-651-8386 to initiate this design process.

I hereby acknowledge that I have read this application and filled out the information required. I state that all of the information required is correct. I agree to build this structure according to the Ordinances of the City of Longmont, Colorado.

Contractor's Qualified Individual _____
 (Print) (Signature) (Date)

INTERNAL OFFICE USE ONLY!

Approved for Foundation Only: _____ Approved for Issuance: _____
 Date: _____ Date: _____