



Miscellaneous

Job Address	Bldg#	Unit #	Building Permit #: B
Legal Description	Lot:	Block:	Subdivision:
Filing:	Zone:		
<input type="checkbox"/> 1. Air Conditioner/Evaporative cooler Size: _____	<input type="checkbox"/> 7. Lawn Sprinkler System		
<input type="checkbox"/> 2. Furnace Replacement Size: _____	<input type="checkbox"/> 8. Wood Stove - Mfg: _____ Model _____		
<input type="checkbox"/> 3. Re-roof Commercial - <input type="checkbox"/> Overlay (up to 2 layers) <input type="checkbox"/> Tear-off Above Deck Insulation value _____ (min R-20) Below Deck Insulation Value _____ (min R-30) Roofing System used _____ Do you need a Right-of-Way permit <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 9. Water/Sewer Line Repair		
	<input type="checkbox"/> 10. Swimming Pool <input type="checkbox"/> Above ground <input type="checkbox"/> Below Ground		
	<input type="checkbox"/> 11. Hot Tub/Spa		
	<input type="checkbox"/> 12. Gas Logs/Fireplace Mfg: _____ Model _____		
<input type="checkbox"/> 4. Re-roof Residential (single layer only!) <input type="checkbox"/> Asphalt shingles – Wind Classification: F or G or H (circle one) <input type="checkbox"/> Other: _____ # of Squares _____ Do you need a Right-of-Way permit <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 13. Siding		
	<input type="checkbox"/> 14. Water Heater Replacement		
	<input type="checkbox"/> 15. Elevator or Dumbwaiter		
	<input type="checkbox"/> 16. Interior Demolition		
<input type="checkbox"/> 5. Insulation <input type="checkbox"/> Attic <input type="checkbox"/> Wall	<input type="checkbox"/> 17. Awnings		
<input type="checkbox"/> 6. Electrical Upgrade – Fill in information below	<input type="checkbox"/> 18. Other:		

Electric Service: No Change Upgrade New Construction Power Final Connect Interconnection for alt power source

Electric Facilities Description	Existing	Proposed
Voltage	1-phase: <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 3-phase : <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 277/480	1-phase: <input type="checkbox"/> 120/240 or <input type="checkbox"/> 120/208 or 3-phase: <input type="checkbox"/> 120/208 or <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 rating		
Estimate monthly usage (16 & 17)		
# of service lateral conductors and size		

Valuation:	Plan Check Fee:	Total Permit Fee:
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Owner:	Address:	Phone #:
General Contractor:		City License #:
Electrical Contractor:		City License #:
Plumbing Contractor:		City License #:
Mechanical Contractor:		City License #:

Party Responsible for Payment of Construction, Connection, Metering Costs and/or Monthly Utility Bill

Name:	Address:	Phone:
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If the project involves an upgrade to an existing electric service, or is a new sprinkler timer (16) or power supply (17), 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.

Qualified Individual: _____

(Print) (Signature) (Date)

FOR OFFICE USE ONLY!

Approved: _____ Date: _____