



Residential Remodel or Addition

Location		Building Permit #: B	
Job Address:	Bldg #:	Unit #:	Lot Area:
Legal Description: Lot:	Block:	Subdivision:	Filing: Zone:
Structure:	# of Stories:	Building Height:	# of Fireplaces:
Square Feet Added or Remodeled			
Finished	1 st Story:	2 nd Story:	3 rd Story:
Basement	Finished:	Unfinished:	Garden Level Finished: Unfinished:
Garage:	Deck:	Porch:	Covered Patio: Other:
Electric Do you need: <input type="checkbox"/> Construction Power <input type="checkbox"/> Final Connect <input type="checkbox"/> Utility interconnection for alt. power source			
Type of service	Existing	Proposed	Breaker Upgrade Meter Relocation
	<input type="checkbox"/> OH <input type="checkbox"/> UG	<input type="checkbox"/> OH <input type="checkbox"/> UG	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Main panel rating in amps			AC Added Heat Source
			Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/>

Valuation:	Plan Check Fee:	Total Permit Fee:
-------------------	------------------------	--------------------------

General Information

Homeowner:	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, filled out in full the information required and have completed an accurate plot plan. 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.

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

INTERNAL OFFICE USE ONLY!

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