



PARK COUNTY DEVELOPMENT SERVICES
 1246 County Road 16 • P.O. Box 517, Fairplay, CO 80440
 Office: 719-836-4255 • Fax: 719-836-4268 • Inspection Line: 719-836-4257
 www.parkco.us

PARK COUNTY DEVELOPMENT PERMIT APPLICATION

Schedule No: _____ Project Address: _____

Legal Description:

Metes & Bounds: Township _____ Section _____ Range _____ OR

Subdivision: _____ Lot: ___ Block: ___ Filing: ___ Unit: ___
Name

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

Property Acreage: _____ Property Elevation: _____

Applicant/Contractor

State Installer ID #: _____
 (if applicable)

Name: _____ Park County License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Other Phone: _____

Fax Number: _____ Email Address: _____

Property Owner

Same as Applicant (proceed to next section) OR

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

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Permit Application Type (check all that apply):		
	<u>Required Information (see following pages for Sections)</u>	<u>Fee</u>
<input type="checkbox"/> Request for Address	Plot plan showing preliminary driveway location	\$0
<input type="checkbox"/> Site Evaluation	Section A	\$150
<input type="checkbox"/> Driveway	Section A	\$150
<input type="checkbox"/> Septic System – Registration	Section A, B; NAWT-certified inspection	\$100
<input type="checkbox"/> Septic System – Mod/Repair	Section A, B	System - \$323 Field only - \$150 Tank only - \$100
<input type="checkbox"/> Septic System - New	Section A, B	Residential - \$500 + \$23 Commercial - \$700 + \$23
<input type="checkbox"/> Septic System – Transfer of Title	Section A, B; NAWT-certified inspection	\$50
<input type="checkbox"/> Residence – Site-Built	Section A, B, C	Scope-based
<input type="checkbox"/> Residence – HUD ** (more info)	Section A, B, C	
<input type="checkbox"/> Residence –Modular **(more info)	Section A, B, C	
<input type="checkbox"/> Addition	Section A, B, C	
<input type="checkbox"/> Remodel	Section A (if not on file), B, C	
<input type="checkbox"/> Basement Finish	Section A (if not on file), B, C	
<input type="checkbox"/> Deck	Section A, B, C	
<input type="checkbox"/> Roof/Cover	Section A, B, C	
<input type="checkbox"/> Accessory Structure Type: _____	Section A, B, C	
<input type="checkbox"/> Commercial Structure Type: _____	Section A, B, C	
<input type="checkbox"/> Demolition	Section A, C	\$100
<input type="checkbox"/> Excavation	Section A, C	\$100
<input type="checkbox"/> Foundation	Section A, B, C	\$200
<input type="checkbox"/> Other: _____	Scope-dependent	Scope-based

The applicant is responsible for the accuracy and completeness of all information submitted in this application.

Need for Certificate of Occupancy for HUD's and Modular

**Manufacturer: _____

**Model (Number): _____

**Serial Number: _____

**Year Built: _____

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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.

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

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A. PLANNING & ZONING APPROVAL

Provide a plot plan including the following.

	1. A plot plan, sketched on a recorded plat for properties in subdivisions, OR, a survey plat for properties in metes and bounds, showing:
	a. The location of all existing and proposed structures (with dimensions including the height, length, square footage).
	b. Distance between all existing and proposed structures.
	c. The location of the driveway, roads, streets, right-of-ways, access easements, all parking spaces, including ADA parking, if the project is for commercial purposes and appropriate signage.
	d. Location of the septic tank and leach field.
	e. Any watercourses or wetlands (may be shown on USGS topo maps, the National Wetlands Inventory (www.fws.gov/wetlands/Data/Mapper.html), and Army Corps of Engineers information).
	f. Overhead utility lines (applicable to small wind energy systems).
	g. 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°).
	h. Property line dimensions
	i. The name of project, project address, a north arrow, and preparation date.
	2. A recorded and current Warranty Deed showing the full legal description of the parcel. 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 as well as a Certificate of Good Standing with the Secretary of State.
	3. 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.
	4. If any of the following administrative processes has been performed, please attach a copy of the signed Compliance Report:
	a. Administrative Plat Amendment
	b. Boundary Line Adjustment
	c. Unlawful Parcel Exemption
	d. Lot Consolidation
	5. If any of the following public processes has been performed, please attach a copy of the recorded Resolution:
	a. Conditional Use Permit
	b. Exemption from Subdivision
	c. Exemption for Illegal Parcels
	d. Rezoning
	e. Road Vacation
	f. Variance
	6. If the application is for a Retail or Medical Marijuana Establishment, please attach a copy of the applicable State and County Licenses.
	7. 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.

B. Individual Sewage Disposal System (ISDS) Approval – Please complete the following information for the Environmental Health Department approval of your project.

- New system – engineered design attached How many bedroom design: _____
- Existing system

Existing Number of Bedrooms: _____ Additional Bedrooms being added: _____

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C. BUILDING DEPARTMENT REVIEW

*To obtain a building permit, your submitted plans will be reviewed by the Building Department for compliance with 2012 International Building Code and other County regulations. **Please be sure all of the following information is included, as omission of any item can delay the acceptance of your application.***

	1. If you are the property owner and are building the structure yourself, please provide the attached Homeowner Statement of Responsibility.
	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.
	3. Two sets of construction drawings to scale (i.e. 1/8" = 1 ft., 1/4" = 1 ft., etc.) on a minimum paper size of 11"x17" showing:
	a. Address, wind load, snow load , live and dead loads, and clearly marked scale. Plans will not be accepted without this information.
	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 connections, lumber species, grade, size, spacing and span of all members including any deck framing.
	e. Roof framing plan indicating the 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. Deck frame
	i. Door, window, and header schedule
	j. 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) for an Asbestos Inspection and Report (303-692-3100). The asbestos inspector will inform the property owner about testing requirements and will require the property owner to send the inspection report to CDPHE verifying the inspection. CDPHE will notify the property owner if no regulated asbestos materials will be impacted during the planned renovation or if there will be abatement. This report must be submitted to the Building Department prior to permit issuance.
	5. Platte Canyon Fire Department Mitigation Permit (if applicable) Contact Fire Department 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) Contact Fire Department 719-836-3500.
	8. Southern Park County Fire Protection District signs off on card required before final inspection. Contact Fire Department 719-689-9479.
	9. Minimum of 50% of the permit fee.

Narrative of Proposed Work:

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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

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.	Accessory: _____	_____ sq. ft.
Finish Basement	_____ sq. ft.	Other: _____	_____ sq. ft.

Type of Heat:

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

To be completed by Building Department Staff only

Date Plans Received: _____	Revision #1 Received: _____
Date Plans Reviewed: _____	Revision #1 Approved: _____
Date Plans Approved: _____	Revision #2 Received: _____
Occupancy: Group: _____ Division: _____	Revision #2 Approved: _____

- | | |
|---|--|
| <input type="checkbox"/> Effluent Filter Required | <input type="checkbox"/> Received Platte Canyon FPD Mitigation Permit |
| <input type="checkbox"/> Septic File Closed | <input type="checkbox"/> Received Hartsel Fire Impact Fee |
| <input type="checkbox"/> HOA Approval | <input type="checkbox"/> Southern Park FPD sign off on inspection card |
| | <input type="checkbox"/> Received Jefferson/Como Fire Impact Fee |

Notes: _____

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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 of the General Contractor for the structure to be erected on the real property listed below. I also understand that as a Homeowner/Builder, I am required to have a working knowledge of the current building code and a working knowledge of what is expected when each inspection listed on the building inspection card is performed. I also understand that while acting as my own General Contractor that I must commence work within 180 days of permit issuance and have a scheduled inspection performed within every 180 days. I am also fully responsible for code compliance of any and all work done on the project. I certify that the home is not for sale or rent.

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

_____ and legally described as:
Address

Legal Description

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 the HOMEOWNER STATEMENT OF RESPONSIBILITY section of the Park County Building Permit Application. I have applied for a building permit with the Park County Building Department to build:

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

Homeowner Signature

Date

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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:

Legal description

Address

Signature of Owner/Contractor

Signature of Owner/Contractor

STATE OF _____

COUNTY OF _____

Acknowledged before me this _____ day of _____

By _____

Witness my hand and seal.

My Commission expires: _____

Notary Public

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

BUILDING PERMIT REQUEST FOR OWTS APPROVAL

Please complete the following information for the Environmental Health Department:

The Building Department has plans for the property listed below:

Tax Schedule # _____

Proposed building project _____

Existing number of bedrooms _____ Additional bedrooms being added _____

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

ENVIRONMENTAL HEALTH DEPARTMENT USE

Permit # _____ was designed and 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.

Environmental Health Department Signature _____ Date _____

Additional Comments: _____
