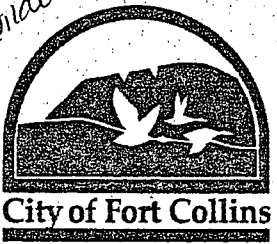


Timothy Winder



City of Fort Collins Building and Zoning Dept. P.O. Box 580 Fort Collins, CO 80522
Phone 970-221-6760 Fax 970-224-6134

Laren McWilliams

OVER-THE-COUNTER PERMITS ONLY

Use this application to apply for a permit for any of the following: (check all that apply) air conditioning, demolition (interior non-structural), electrical alteration (not service change), gas lighter, gas line, gas log, heating unit, lawn sprinkler, mobile home replacement, roofing, sewer line, ventilation, water heater, water line, wood stove (*provide model name & number).

Complete all areas of the applications that are applicable to your permit request - **Incomplete applications will not be accepted. An over-the-counter permit will only be valid when it has been paid-in-full and issued.**

OTC permit. Make sure to waive State demolition as long as owner

Application # (for office use only) <u>B0900663</u>		Date <u>1-12-09</u>		<i>called 02109109 let David know permit was ready</i>	
Property Owner Name <u>David Thorp</u>		Address <u>300 E. Stuart St.</u>		Phone <u>303-618-7628</u>	
Applicant Name <u>Same</u>		Address <u>300 E. Stuart St.</u>		Phone <u>303-618-7628</u>	
Contractor Name <u>Owner to demo.</u>		City Lic #		Address	
Contractor City of Ft. Collins sales tax #		Pay taxes here?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Site Address <u>300 E. Stuart St.</u>			Value of Construction (labor, material, profit) \$		
Is this a residential project?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If residential is it:		<input type="checkbox"/> Single family detached <input type="checkbox"/> Condo/Townhome (single family attached) <input type="checkbox"/> Duplex <input type="checkbox"/> Multifamily (apartment) <input checked="" type="checkbox"/> Garage - detached			
Is this a commercial project?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If commercial is it:		<input type="checkbox"/> Bank <input type="checkbox"/> Bar <input type="checkbox"/> Church <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Medical Office <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Other(explain) _____			
Is this building 50 years of age or more?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, you may need to get historic preservation approval prior to permit issuance.					
Description of Work <u>Demolish existing structure. Rebuild using existing foundation</u>					
**If lawn sprinkler/backflow preventer installation, must list licensed plumber. If first-time A/C, must list licensed electrician.					
Subcontractors:(list the contractor company name or license #)					
Electrical _____		Mechanical _____		Plumbing _____	
Roofing _____		Other _____			

I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with all requirements contained herein and city ordinances and state laws regulating building construction.

Applicant:
Print Name David W. Thorp Signature D. W. Thorp Date 1-12-09