



Planning, Development & Transportation

281 N. College Ave P.O. Box 580
Fort Collins, CO 80524
Phone 970-416-2740 Fax 224-6134

OVER-THE-COUNTER PERMITS ONLY

This application is to be used to apply for the following permits only (check all that apply). Air Conditioning
 Demolition (interior non-structural) Electrical Alteration (not service change) Gas Lighter Gas Log
 Heating Unit Lawn Sprinkler Mobile Home replacement Roofing Sewer Line Photo-voltaic
 Ventilation Water Heater Water Line Wood/Pellet Stove (must be EPA certified, provide make, model and manufacturer).

Complete all applicable information on the application. Incomplete applications will not be accepted.

Application # 80001735
For office use only

Date 3.27.09

Job Site Address (required) <u>900 STOURR ST. 80524</u>	Value of Construction (labor, materials, profit) \$
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Property Owner Name <u>MICHAEL L. MAZZA</u>	Address <u>900 STOURR</u>	City/State <u>FORT COLLINS CO</u>	Zip <u>80524</u>	Phone <u>9705812838</u>
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Applicant Name <u>Same</u>	Address	City/State	Zip	Phone
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Contractor	Lic #	Address	City/State	Zip	Phone
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Contractor City of Ft. Collins Sales Tax # <i>Sales tax number is required by all contractors.</i>	Are you paying taxes here or by report? <input type="checkbox"/> Here <input type="checkbox"/> Report Are you paying with your trust account? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this a residential or commercial project? Residential Commercial
 If residential, is it: Single Family Detached Condo/townhome (single family attached) Duplex
 Multifamily (apartment) Garage
 If commercial, is it: Bank Bar Church Hotel/Motel Medical office Office Retail
 Restaurant Other (explain) _____
 Is this building **50 years of age** or more? Yes No *If yes, you may need to contact Historic Preservation*
 If this is for a **demolition permit**, what year was the building constructed? 54
If prior to 1975, you will need an asbestos assessment to submit with this application.

Description of work REMOVE INTERIOR WALLS CARPET FEATURES.

*If lawn sprinkler/backflow preventer, must list licensed plumber. If first-time A/C, must list licensed electrician.

Subcontractors: List the company name or City of Ft Collins license #

Electrician _____ Plumber _____ Mechanical _____ Roofer _____ Other _____

I hereby acknowledge that I have read this application and state that the above information is complete and correct. I agree to comply with all requirements contained herein and city ordinances and state laws regulating building construction. **I know that a permit is not valid until it has been paid and issued.**

Applicant:
Print Name: MICHAEL MAZZA Signature [Signature] Date 3/27/09