



CITY OF CAÑON CITY

Building Department

P.O. Box 1460 • 128 Main Street
Cañon City, CO 81215-1460
(719) 276-5253 • www.canoncity.org

BUILDING PERMIT APPLICATION

ALL INFORMATION REQUIRED

OWNER'S NAME: _____ DATE: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNERS TELEPHONE NUMBER: () _____

JOB SITE ADDRESS: _____

PARCEL NUMBER: (CONTACT FREMONT COUNTY ASSESSOR AT 719.276.7310) _____

LEGAL DESCRIPTION: _____

CONTRACTOR'S BUSINESS NAME: _____

CONTRACTOR'S LICENSE # _____ TELEPHONE NUMBER: _____

VALUATION OF WORK (INCLUDE LABOR AND MATERIALS): \$ _____

DETAILED DESCRIPTION OF WORK: _____

APPLICANTS FOR ROOFING PERMITS MUST COMPLETE THESE ITEMS ALSO

TYPE AN NUMBER OF LAYERS EXISTING ROOF MATERIAL: _____

ROOF SLOPES (ALL THAT APPLY): _____

REROOF: TEAR OFF (YES) _____ (NO) _____

NEW SHEATHING: (YES) _____ (NO) _____

PONDING: (YES) _____ (NO) _____

OWNER / CONTRACTOR

PRINT NAME

SIGNATURE

FOR OFFICE USE ONLY

ZONE DISTRICT: _____

PERMIT NUMBER: _____

LICENSED: (YES) _____ (NO) _____

URBAN RENEWAL: (YES) _____ (NO) _____