



1000 Englewood Parkway * Englewood, CO 80110 * 303-762-2356*303-762-2357 * Fax: 303-762-2362

ELECTRICAL or MECHANICAL or PLUMBING (please circle)

Job Address _____

Occupant: _____ Occupant Phone: _____

Contractor Name: _____

Registration No. _____ Contractor Phone: _____

E-MAIL: _____

Contractor Address: _____

Property Owner Name: _____

Property Owner Address: _____

Type of Work: _____ New _____ Addition _____ Remodel _____ Demolition

Class of Work: _____ Residential – single family or duplex (circle one) _____ Residential – Multifamily
_____ Commercial _____ Assembly _____ Industrial _____ Educational _____ Institutional

Is there a General Contractor? Yes or no? If yes, include their permit number _____

Describe the work you will be doing below:

Valuation: _____ (materials and labor)

I certify that all information listed herein is accurate, to the best of my knowledge, and understand that any misrepresentation of facts on this application may result in the suspension or revocation of any permit issued, or the denial of the issuance of a permit

Print Name: _____

Signature of Applicant: _____ Date: _____