



Colorado Regional Office
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 Pleasanton, CA 94588
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PARACHUTE BUILDING PERMIT APPLICATION

| | | | |
|-----------------------------------|---|----------------------|-------------------------------------|
| Project Address: | | Suite | Application Date |
| CONTRACTOR (APPLICANT) | Name | | <input type="checkbox"/> Owner |
| | | | <input type="checkbox"/> Contractor |
| | Address | City/State | Zip Phone |
| PROPERTY OWNER | Name: Address | City/State | Zip Phone |
| ARCHITECT | Name: Address | City/State | Zip Phone |
| STRUCTURAL ENGINEER | Name: Address | City/State | Zip Phone |
| PROJECT INFORMATION | <input type="checkbox"/> Commercial <input type="checkbox"/> Residential | Project Description: | |
| PROJECT VALUATION | \$ | Use: | |

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions 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 authority to violate or cancel the provisions of any other state or local law regulating construction of performance of construction.

 Print Name of Applicant

 Print Name of Owner

 Signature of Contractor or Authorized Agent

 Signature of Owner

DO NOT WRITE BELOW THIS LINE

| Occupancy Classification(s) | Type of Const. | Floor Area | Height | Occ. Load | PERMIT NO. | | | |
|---|----------------|------------|--------|-----------|---------------------------|-------|---------|--|
| | | | | | Required Approvals | | | |
| ZONE _____ Setbacks: Front _____ Rear _____ Sides _____ Project Comments: | | | | | N/A | Req'd | Date/By | |
| | | | | | Building | | | |
| | | | | | Structural | | | |
| | | | | | Mechanical | | | |
| | | | | | Plumbing | | | |
| Fees | | | | | Electrical | | | |
| Building Permit | | \$ | | | Fire Dept. | | | |
| Plan Review Fee | | \$ | | | Zoning | | | |
| Total Fees | | \$ | | | | | | |