



Colorado Regional Office
 4610 S Ulster, Ste. 150
 Denver, CO 80237
 (303) 400-6564
 Fax: (925) 463-0691

Corporate Headquarters
 5776 Stoneridge Mall Rd, Ste. 150
 Pleasanton, CA 94588
 (925) 463-0651
 Fax: (925) 463-0691

PARACHUTE DEMOLITION 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
PROJECT INFORMATION	<input type="checkbox"/> Commercial	Project Description:	
	<input type="checkbox"/> Residential		
State of Colorado	Permit Required	https://cdphe.colorado.gov/indoor-air-quality/asbestos	
Permit Number:		Proposed Start Date:	
		The following entities and utility providers must certify that safe disconnection and termination of utilities have been completed prior to final approval by Town Administration.	
Xcel Energy	Contact Information:	North of Colorado River	1-800-628-2121 ext. 3
Gas / Date:	Print Name:		Sign:
Power / Date:	Print Name:		Sign:
Holy Cross Energy	Contact Information:	South of Colorado River	1-970-945-5491
Gas / Date:	Print Name:		Sign:
Power / Date:	Print Name:		Sign:
Public Works	Contact Information:	Town of Parachute	1-970-285-7630 Ext 108
Sewer (cap /reuse)	Print Name:		Sign:
Water / Date:	Print Name:		Sign:
Garfield County	Authentication Permit to relocate a Manufactured Home	1-970-945-9134	
<p>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.</p> <p style="text-align: center;"> _____ _____ Print Name of Applicant Print Name of Owner </p> <p style="text-align: center;"> _____ _____ Signature of Contractor or Authorized Agent Signature of Owner </p> <p style="text-align: center;">DO NOT WRITE BELOW THIS LINE</p>			
All signoffs must be complete prior to issue.	Providers may enter N/A if appropriate but must sign.	Approvals	N/A Req'd Date / By
		Building	
		Zoning	
Total Fees	\$75.00		