



Colorado Code Consulting, L.L.C.

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PARACHUTE RE-ROOFING 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
COMPLETE TEAR-OFF PROPOSED??	<input type="checkbox"/> Yes (schedule inspection to see roof-deck) <input type="checkbox"/> No (schedule inspection to verify conditions)			
	Existing Sq. Ft. Ventilation / High (gables, ridge, etc.) _____ Low (soffit) _____ Additional or new ventilation proposed / High _____ Low (may require baffles) _____			
PROJECT INFORMATION	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential		Project Description:	
	PROJECT VALUATION \$		PERMIT #	
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 (only if owner is applicant)		
Project Comments:				
Total Fees (Town Officials to enter fees) \$				