www.townofeagle.org
P.O. BOX 609, 200 BROADWAY
EAGLE, CO 81631
Phone: (970) 328-9622
Inspection Line: (970) 328-9626

TOWN OF EAGLE
BUILDING DEPARTMENT

BP #_____

ELECTRICAL PERMIT APPLICATION

JOB ADDRESS:				
LOT #	BLOCK #	FILING #	SUBDIVISION:	PARCEL #:
HOMEOWNER:		MAILING ADDRESS:		PHONE/CELL PHONE:
HOMEOWNER EMAIL ADDRESS:				
CONTRACTOR/HOMEOWNER* NAME:		MAILING ADDRESS:		PHONE/CELL PHONE:
EMAIL ADDRESS:				

USE: [ ] RESIDENTIAL [ ] COMMERCIAL [ ] OTHER:_____

CLASS: [ ] NEW [ ] ADDITION [ ] REMODEL [ ] SOLAR A/C ONLY [ ] NEW SERVICE [ ] TEMPORARY CONSTRUCTION SERVICE ONLY

SQUARE FOOTAGE: TOTAL VALUATION:

*HOMEOWNER CLAUSE: The Colorado Revised Statutes provide a homeowner the opportunity to perform the electrical installation provided the following conditions are true:

- [ ] You are the property owner and this property is not for sale, resale, or is not rental property.
- [ ] You reside or intend to reside at this property as your sole place of residence.
- [ ] You are doing the permitted work yourself and have a reasonable enough knowledge of electrical codes for a proper installation.

NOTICE!! READ BEFORE SIGNING:

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICAL (HEATING, VENTILATION OR AIR CONDITIONING).

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS 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 OR THE PERFORMANCE OF CONSTRUCTION.

_____
SIGNATURE OF CONTRACTOR (Date)

_____
SIGNATURE OF OWNER (IF OWNER BUILDER) (Date)

Complete application and email to permits@townofeagle.org with supporting documents in PDF format.

DESCRIPTION OF WORK/SPECIAL CONDITIONS:

FEES

APPLICATION RECEIVED BY:	DATE:	APPLICATION FEE	$
PLANS CHECKED BY:	DATE:	PERMIT FEES	$
APPROVED ISSUANCE:	DATE:	TOTAL FEES	$

CASH	CHECK NO.	OTHER	DATE PAID

White: Town Copy Pink: Applicant Copy