



City of Victor, CO
 500 Victor Ave
 PO Box 86
 Victor, CO 80860
 buildingdept@cityofvictor.com

Permit Number

City Clerk: 719-689-5640
 City Administrator: 719-689-5641

Building Permit Application

(Please Print Legibly)

Applicant: <input type="checkbox"/> Contractor <input type="checkbox"/> Owner	Project Address	Application Date
CONTRACTOR	Name	Class Lic #
	Address	City State Zip
	Signature	Email Phone
OWNER	Last Name	First Name
	Address	City State Zip
	Signature	Email Phone
ARCHITECT	Name	Class Lic #
	Address	City State Zip
	Signature	Email Phone
PLUMBING CONTRACTOR	Name	Class Lic #
	Address	City State Zip
	Signature	Email Phone
MECHANICAL CONTRACTOR	Name	Class Lic #
	Address	City State Zip
	Signature	Email Phone
ELECTRICAL CONTRACTOR	Name	Class Lic #
	Address	City State Zip
	Signature	Email Phone

Project Type

Commercial
 Residential

Permit Type

Addition Demo
 Alteration New Construction

Estimated Value

Description/Scope of Work:

<i>Office Use Only</i>	Permit Fee	<input style="width: 80px;" type="text"/>
	Plan Review Fee	<input style="width: 80px;" type="text"/>
	<i>remit w/application</i> Total	<input style="width: 80px;" type="text"/>

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. I understand that the granting of a permit does not presume to give any authority to violate or cancel the provisions of any other state or local law regulating performance of construction.

 Print Name of Applicant or Authorized Agent

 Signature of Applicant or Authorized Agent
(Original Signature Required)