



703 WCR 37, Lochbuie, CO 80603
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MASTER PLAN APPLICATION

PLEASE PRINT OR TYPE

SUBDIVISION				COUNTY	
OWNER OF PROPERTY		OWNER'S MAILING ADDRESS		OWNER'S PHONE	
ARCHITECT		ARCHITECT'S MAILING ADDRESS		ARCHITECT'S PHONE	
ENGINEER		ENGINEER'S MAILING ADDRESS		ENGINEER'S PHONE	
ZONING	OCCUPANCY	BUILDING USE	TYPE OF CONSTRUCTION		SPRINKLED <input type="checkbox"/> YES <input type="checkbox"/> NO
MODEL NAME/NO.	# OF ELEVATIONS/NAMES	BUILDING HEIGHT (FT.)		NO. OF STORIES	
MAIN FLOOR FINISHED AREA SQ. FT.		2ND FLOOR FINISHED AREA SQ. FT.		FINISHED BASEMENT SQ. FT.	
MAIN FLOOR UNFINISHED AREA SQ. FT.		2ND FLOOR UNFINISHED AREA SQ.FT.		UNFINISHED BASEMENT SQ. FT.	
GARAGE SQ. FT.	COVERED FRONT PORCH SQ. FT.	COVERED PATIO SQ.FT.		DECK SQ.FT.	
# GARAGE STALLS	UNCOVERED FRONT PORCH SQ.FT.	UNCOVERED PATIO SQ.FT.		ESTIMATED VALUATION	
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 SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. I UNDERSTAND THAT PERMITS PRESUMING TO HAVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF THE ABOVE LAWS AND ORDINANCES OR PERMITS ISSUED IN ERROR OR ON THE BASIS OF INCORRECT INFORMATION SUPPLIED SHALL BE INVALID.					
APPLICANT SIGNATURE				DATE	
FOR OFFICE USE ONLY • FOR OFFICE USE ONLY • FOR OFFICE USE ONLY • FOR OFFICE USE ONLY • FOR OFFICE USE ONLY • FOR OFFICE USE ONLY					
COMMENTS/SPECIAL CONDITIONS					
DATE RECEIVED		MASTER PLAN FEE \$		STAFF APPROVAL	
		CHECK NO.		<input type="checkbox"/> BUILDING <input type="checkbox"/> PLANNING <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> OTHER	INITIAL DATE _____ _____ _____ _____ _____