



Multi-Family Application

100 Third Street, Castle Rock, CO 80104
(303) 660-7497 Fax: (303) 479-7271

www.douglas.co.us

DATE RECEIVED _____
(DCBD OFFICE USE ONLY)

BUILDING PERMIT NUMBER _____
(DCBD OFFICE USE ONLY)

JOB ADDRESS : _____ ZIP CODE: _____

Unit / Suite# _____

Legal Lot _____ Block _____ Filing _____

Subdivision _____

OWNER Name _____

Address _____

City _____ Zip _____

Phone Number _____

PLAN NUMBER: _____

SQUARE FOOTAGE 1st floor: _____

2nd floor: _____

3rd floor _____

4th floor _____

WRITE IN SQ.FT.
ON THE FLOOR
UNIT IS LOCATED

Basement Finished _____

Basement Unfinished _____

Garage _____

Other _____

Bedrooms _____

Baths _____

Construction Type: (circle one)

Master Plan			
Condo	Duplex	Triplex	Townhouse
	Garage	Trash Enclosure	
Other:	_____		

Patio Cover _____

Sewer and Water District: _____

Type of Fuel Gas Propane

(circle)

Fuel Provider _____

Type of Heat Boiler Electric GFA

Electric Provider _____

CONTRACTORS

GENERAL Name _____ DC Lic #: _____

Address _____

City _____ Zip _____

Phone _____ Fax # _____

Contact _____ Cell Phone _____

Email Address _____

ELECTRICAL _____

DC Lic # : _____ Phone : _____

MECHANICAL _____

DC Lic # : _____ Phone : _____

PLUMBING _____

DC Lic # : _____ Phone : _____

VALUATION REQUIRED FOR ACCESSORY STRUCTURES ONLY

APPLICATION MUST BE COMPLETELY FILLED OUT FOR SUBMITTAL

1. This application must be signed to be valid.
2. All Contractors must be listed; licenses and registrations must be current before the issuance of this building permit.
3. All information on this form must be filled out. Any portion left blank may delay the permitting process.

Applicant Signature : _____ Date: _____

VALUATION		\$	_____	(DCBD OFFICE USE ONLY)	
PERMIT FEE	\$	_____	MASTER FILE #	_____	
PLAN CHECK	\$	_____			
USE TAX	\$	_____			
C.C. FEE	\$	_____	ZONING FEE	\$	_____
E470 FEE	\$	_____			
TOTAL		**** \$	_____		