



CITY OF CAÑON CITY

Building Department

P.O. Box 1460 • 128 Main Street
Cañon City, CO 81215-1460
(719) 276-5253 • www.canoncity.org

BUILDING PERMIT APPLICATION

ALL INFORMATION REQUIRED

OWNER'S NAME: _____ DATE: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNERS TELEPHONE NUMBER: () _____

JOB SITE ADDRESS: _____

PARCEL NUMBER: (CONTACT FREMONT COUNTY ASSESSOR AT 719.276.7310) _____

LEGAL DESCRIPTION: _____

CONTRACTOR'S BUSINESS NAME: _____

CONTRACTOR'S LICENSE # _____ TELEPHONE NUMBER: _____

VALUATION OF WORK (INCLUDE LABOR AND MATERIALS): \$ _____

DETAILED DESCRIPTION OF WORK: _____

PROVIDE THE FOLLOWING INFORMATION IF SUBMITTING A SITE PLAN WITH APPLICATION:

1. LOCATION OF PROPOSED CONSTRUCTION AND EXISTING STRUCTURES.
2. SQUARE FOOTAGE AREA OF EACH BUILDING (INCLUDE SHEDS, CARPORTS, PATIOS, ETC.).
3. SET BACK DIMENSIONS FROM PROPERTY LINE FOR ALL STRUCTURES.
4. LOT DIMENSIONS / LOT SQUARE FOOTAGE.
5. STREETS, ALLEYS, EASEMENTS AND ANY OTHER "RIGHT OF WAY".
6. LOCATION OF WATER, SEWER, GAS AND ANY OTHER UNDERGROUND UTILITIES (IF KNOWN).
7. PLANS TO CONTROL DRAINAGE ON PROPERTY DURING CONSTRUCTION.

OWNER / CONTRACTOR

PRINT NAME _____

SIGNATURE _____

FOR OFFICE USE ONLY

ZONE DISTRICT: _____

PERMIT NUMBER: _____

LICENSED: (YES) _____ (NO) _____

URBAN RENEWAL: (YES) _____ (NO) _____

RESIDENTIAL SITE PLAN

Indicate North

I/WE HEREBY CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT PRIOR APPROVAL FROM THE CANON CITY BUILDING DEPARTMENT.

PRINT NAME

SIGNATURE OF OWNER/CONTRACTOR

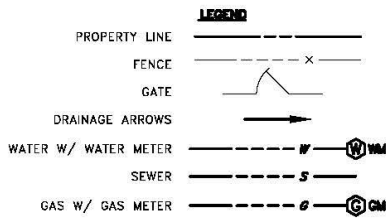
RESIDENTIAL SITE PLAN (EXAMPLE)

ADDRESS: _____

OWNERS: _____

LEGAL DESCRIPTION: (EXAMPLE)

LOT 1, BLOCK 2, SOUTH SUBDIVISION.



NOTES: _____

