



Residential Remodel or Addition

Location				Building Permit #: B					
Job Address:				Bldg #:		Unit #:		Lot Area:	
Legal Description		Lot:		Block:		Subdivision:		Filing: Zone:	
Structure									
Stories:			Building Height:			# of Fireplaces:			
Square Feet Added or Remodeled									
Finished		1 st Story:			2 nd Story:			3 rd Story:	
Basement		Finished:		Unfinished:		Garden Level		Finished: Unfinished:	
Garage:		Deck:		Porch:		Covered Patio:		Other:	
Electric Facilities Description									
Meter Relocation			Breaker Upgrade			Heat Source			AC Added
Yes <input type="checkbox"/>		No <input type="checkbox"/>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	Gas <input type="checkbox"/>		Electric <input type="checkbox"/>	Yes <input type="checkbox"/> Tons _____ No <input type="checkbox"/>
					Existing			Proposed	
Type of service					<input type="checkbox"/> OH <input type="checkbox"/> UG			<input type="checkbox"/> OH <input type="checkbox"/> UG	
Main panel rating in amps									
Valuation:				Plan Check Fee:			Total Permit Fee:		
General Information									
Owner:				Address:				Phone #:	
General Contractor:					City License #:				
Electrical Contractor:					City License #:				
Plumbing Contractor:					City License #:				
Mechanical Contractor:					City License #:				
Contact:					Phone #:				
Party Responsible for Payment of Construction, Connection and Metering Costs									
Name:				Address:				Phone #:	
Party Responsible for Payment of Monthly Utility Bill									
Name:				Address:				Phone #:	

There will be **ADDITIONAL COSTS** payable to Longmont Power & Communications (LPC) to connect your electric service. Please contact LPC at 303-651-8386 to initiate this design process.

I hereby acknowledge that I have read this application, filled out in full the information required and have completed an accurate plot plan. I state that all of the information required is correct. I agree to build this structure according to the Ordinances of the City of Longmont, Colorado.

Signature: _____

Date: _____

(Homeowner, Qualified Individual)