

**TOWN OF SILVERTHORNE
BUILDING DEPARTMENT
TECHNICAL PERMIT APPLICATION**

DATE:	TECHNICAL PERMIT NO.
BUILDING PERMIT NO.(IF APPLICABLE):	PROJECT NAME:

PERMIT TYPE: **COMMERCIAL** **RESIDENTIAL**
FIREPLACE **MECHANICAL** **PLUMBING**

**-PLAN REVIEWS ARE REQUIRED FOR ALL COMMERCIAL TECHNICAL PERMITS AND MASONRY FIREPLACES-
 **WOOD-BURNING STOVE INSTALLATIONS MUST MEET THE REQUIREMENTS FOR WOOD-STOVES IN THE
 SILVERTHORNE TOWN CODE****

INFORMATION

STREET ADDRESS	SUBDIVISION
OWNER	ADDRESS
	PHONE

CONTRACTOR INFORMATION

CONTRACTOR	ADDRESS	PHONE
CONTACT PERSON	EMAIL	PHONE

DESCRIPTION OF WORK (NUMBER OF FIREPLACES FOR FIREPLACE PERMIT)
CONTRACTOR VALUATION (FOR STAND ALONE PERMITS ONLY) INCLUDE MATERIALS AND LABOR:
ASSESSED VALUATION (FOR PERMITS WITH A BUILDING PERMIT ATTACHED)

SIGNATURE OF APPLICANT: _____