TOWN OF RED CLIFF

P.O. Box 40

Red Cliff, CO 81649

Phone: 970-827-5303 Fax: 970-827-5300



SAFEbuilt inc.

PLUMBING PERMIT APPLICATION
Permit #: _____

Please complete all of the foll	owing to allo	w for processing	of this application.	•			
ADDRESS							
LEGAL DESCRIPTION							
LOT# BLK			FILING		SUB		
OWNER			PHONE				
MAILING ADDRESS							
CONTRACTOR			PHONE				
LICENSE #			RED CLIFF REGISTRATION NUMBER				
USE: Residential Commercial Industrial Other							
CLASS: New Addition Alteration/Remodel Repair Move						Demolition	Other
DESCRIPTION OF WORK							
TOTAL VALUATION:							
Date Received:		Date Approved:		D	ate Issued:		
Signature		Signature		S	gnature		
NOTICE: PLEASE READ BEFORE SIGNING 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 will be compiled with whether specified herein or not. The granting of permit does not presume to give authority to or cancellation of any other state or local law regarding construction or the performance of construction.							
Signature of Contractor			-	Date		_	
Signature of Owner				Date			