



Land Use Department Building Safety

2045 13th Street • PO Box 471 • Boulder, Colorado 80302
 303-441-3926 • www.bouldercounty.org/lu

Office Hours and Services:

- Monday – Friday 8 a.m. to 4:30 p.m.
- Closed Tuesdays 8 to 10 a.m.
- Permits can be applied for until 4 p.m.

Intake Stamp
Permit #

Damage Repair Cost and Improvement Cost

Project Street Address			City			State		Zip Code	
Owner's Name <input type="checkbox"/> Contact					Contractor Name <input type="checkbox"/> Contact			Boulder County Contractor License #	
Address			Primary Phone Number		Address			Primary Phone Number	
City		State	Zip Code	Secondary Phone Number		City		State	Zip Code
Email Address					Email Address				

Elements For Repair* (to return to pre-damage condition)

Foundation	\$	Cabinets & Countertops	\$
Superstructure	\$	Floor Finish	\$
Roof Covering	\$	Plumbing	\$
Exterior Finish	\$	Electrical	\$
Interior Finish	\$	Appliances	\$
Doors and Windows	\$	HVAC	\$
Labor and Profit**	\$	Total Repair	\$

Improvements or Modifications* (changes from pre damage condition)

Materials	\$		
Labor and Profit**	\$	Total Improvements	\$

*Attach contract or bid for all work.

**All labor must be calculated at market value rates.

Total Project Valuation	\$
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Does this Building Permit cover all repairs work? Yes No

If no, list repairs that have not or will not be completed as part of this Building Permit:

Certification: I certify that the above information is correct and agree to repair/reconstruct this building in accordance with the plot, building plans and specifications submitted herewith, and in strict compliance with all the provisions of the Zoning Ordinance, Building Code, and Health and Plumbing Regulations of Boulder County.

Applicant (Please Print)	Signature	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent	Date
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