

**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 COMMERICAL TECHNICAL PERMITSS/MASONRY FIREPLACES**

****IF THIS IS A WOODBURNING STOVE INSTALLATION THE WOODSTOVE MUST MEET TOWN OF SILVERTHORNE REQUIREMENTS**

INFORMATION

STREET ADDRESS	SUBDIVISION
OWNER	ADDRESS
	PHONE

CONTRACTOR INFORMATION

CONTRACTOR	ADDRESS	PHONE
CONTACT PERSON	ADDRESS	PHONE

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

SIGNATURE OF APPLICANT: _____