

# TOWN OF LARKSPUR

Permit #18LARK-

Date:

PROPERTY OWNER	BEST PHONE
PROPERTY ADDRESS	
MAILING ADDRESS IF DIFFERENT	
EMAIL ADDRESS	
<b>LIST CONTRACTOR INFORMATION BELOW</b>	
GENERAL Name and Address	PHONE Larkspur business License    Y    N
ELECTRICAL Name, Address & Phone	Larkspur business License    Y    N State License # _____ Expiration: _____
PLUMBING Name, Address & Phone	Larkspur business License    Y    N
OTHER CONTRACTORS Name, Address & Phone	

**IMPORTANT – COMPLETE ALL ITEMS AND MARK ALL APPLICABLE BOXES**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel \ Finish <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Movable Structure <input type="checkbox"/> Fence <input type="checkbox"/> Water Heater <input type="checkbox"/> HVAC <input type="checkbox"/> Other _____	<p><b>C. Residential</b></p> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Garage: Single ___ Double ___ Attached ___ Detached ___ <input type="checkbox"/> Carport: Attached ___ Detached ___ <input type="checkbox"/> Patio: Attached ___ Detached ___ <input type="checkbox"/> Basement: Partial ___ Full ___ Finished ___ Unfinished ___ <input type="checkbox"/> Fireplace/ Masonry ___ <input type="checkbox"/> Other _____	<p><b>D Commercial</b></p> <input type="checkbox"/> Shell Only <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Remodel /Addition <input type="checkbox"/> Multi Family Residential – Enter number of units - _____ <input type="checkbox"/> Hotel, motel, or dormitory-Enter number of units - _____ <input type="checkbox"/> New Building <input type="checkbox"/> Electrical Valuation \$ _____
<p><b>B. TOTAL VALUE OF PROJECT</b> Include labor and materials \$ _____</p>	<p>If electrical work being done, please list square footage of area: _____ sq ft</p>	
<p><b>E. CONSTRUCTION TYPE</b></p> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____	<p><b>F. HEATING FUEL TYPE</b></p> <input type="checkbox"/> Gas LP or NG <input type="checkbox"/> Electricity Other _____	<p><b>I. SQUARE FOOTAGE</b></p> Main Floor _____ Addition Floors _____ Basement _____ Crawlspace _____ Covered Porch _____ Decks _____ Garage _____ Other _____
<p><b>G. Sewer Taps</b> <input type="checkbox"/> EQR _____</p> <p><b>H. Water Tap</b> <input type="checkbox"/> Tap Size _____</p>		

**J. OTHER INFORMATION:**

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**NOTICE**

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Town and Building Codes governing location, construction, and erection of the above-proposed work for which the permit is granted. The Town or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the applicable codes or regulations may result in the revocation of this permit.

Buildings **MUST** conform with plans, as submitted to the Town. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day’s notice to perform such activities.

**In the event construction is not commenced within 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable. Any work that commences before obtaining the necessary permit shall be subject to 100% of the usual permit fee in addition to the required permit fee.**

<p><b>YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND UNDERSTAND THE ABOVE NOTICE AND ATTEST TO THE FACT THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF YOUR KNOWLEDGE.</b></p>	<p>APPLICATION DATE</p>
<p>SIGNATURE OF APPLICANT _____ DATE _____</p>	<p>APPROVED BY TOWN OFFICAL _____ DATE _____</p>