


Building Permit #: _____

Date Received: _____



**BUILDING PERMIT APPLICATION
RE-ROOF**

Land Use Department Mailing Address: PO Box 28, Ridgway CO 81432
970.626.9775 Physical Address: 111 Mall Road, Ridgway CO

Please note that this permit is required for Structural and Non-Structural modifications to the roof. If your project includes structural modifications you will also need to apply for a standard building permit.

Contact Information:

Ouray County Land Use Office
111 Mall Road (PO Box 28)
Ridgway, CO 81432
970-626-9775

West Region Wildfire Council
510 South Cascade Avenue
Montrose, CO 81401
970-615-7300

Colorado State Forest Service
535 South Nevada Avenue
Montrose, CO 81401
970-249-9051

To schedule a site visit please visit:
<http://www.cowildfire.org/site-visit/>
*(Please do not contact WRWC until
After you have submitted your permit application)*

PROPERTY INFORMATION:

Account # (Available from Ouray County Assessors Office or www.ouraycountvassessor.org): # _____
Job Site Address: _____ City: _____
Zip Code: _____ Legal: Town: _____ Range: _____ Qtr. Sections: _____ Section: _____
Subdivision: _____ Lot/Tract #: _____ Filing/Phase: _____

CONTACT INFORMATION:

Owner(s) Name: _____
Mailing Address: _____ City/ST/Zip: _____
Phone: _____ Email Address: _____

Authorized Agent's Name: _____
Mailing Address: _____ City/ST/Zip: _____
Phone: _____ Email Address: _____

Roofing Contractor – Representative Name: _____
Mailing Address: _____ City/ST/Zip: _____
Phone: _____ Email Address: _____

PROJECT INFORMATION/SCOPE OF WORK (Must provide all information!):

A1.0 - Will the roof covering be a Class A material, in accordance with UL 790 (ASTM E108)?	YES (Pass)	NO (Fail)
A3.1 - Will all roof vents (including but not limited to attic, soffit, and gable vents) covered with 1/8" screening?	YES (Pass)	NO (Fail)

(Continued on next page)

A4.1 - If any wood burning appliances are present in the home, will an approved spark arrestor installed?	YES (Pass) NO (Fail) N/A (No wood burning)
A9.1 - If a gutter system is proposed, will it be constructed of ignition-resistant material <u>and</u> installed such that the leading edge of the roof is finished with a metal drip edge so that no wood sheathing is exposed?	YES (Pass) NO (Fail)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN!

This permit will expire after one year if approved construction has not commenced, or if construction or work is suspended or abandoned for a period of one year at any time after work has commenced. Separate permits are required from the State of Colorado for electrical and plumbing installations.

I hereby certify that I have read this application completely and that all information provided is correct to the best of my knowledge. All laws, regulations, and ordinances governing the scope of the project contemplated by this application will be complied with, whether or not specifically described within this application. I understand that providing false or misleading information may result in any permit(s) issued being revoked. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the scope of the project contemplated by this application.

I understand that this application may be open for public inspection as required by the Colorado Open Records Law (C.R.S. 24-72-202, et seq.) and that my personal information contained on this application may be available to the public for review.

I understand that Ouray County is overall a rural county located in rough and difficult terrain with a limited transportation network and County services may be unavailable or service may be untimely in some or all areas of the County. I am aware that approval of a site development permit or any other permit does not constitute and shall not be considered as conferring any guarantee or expectation of the provision of any County service (including emergency services).

Signature of Owner or Agent: _____ **Date:** _____

Printed Name of Owner or Agent: _____

(If AGENT, a completed Agent Authorization Form must be attached.)

INITIAL REVIEW BY: _____ INITIAL REVIEW DATE: _____
(Initials) (Initials) (Initials)

FINAL REVIEW BY: _____ FINAL REVIEW DATE: _____
(Initials) (Initials) (Initials)