



Pueblo Regional Building Department
230 N Main St. Suite 100
Pueblo CO 81003
719-543-0002 fax 719-543-0062
www.prbd.com

Contractor Permit Application

Date: _____

Building <input type="checkbox"/>	Electrical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Roofing <input type="checkbox"/>
Residential <input type="radio"/>	Commercial <input type="radio"/>	New <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair/Replace <input type="checkbox"/>

Address of Work Being Done: _____

City: _____ Use of Building: _____

Property Owner: _____

Contractor Name: _____

Pueblo License # _____

Person to Contact: _____ Phone # _____

Email: _____ Fax # _____

Description of Work:

If Electrical Service, Name of Power Company: _____

If Building Remodel, # of Square Feet involved: _____

Valuation of Work (required): \$ _____

If Roofing, # of Squares: _____ Type of Roofing: _____

For all work done under this permit, the applicant accepts full responsibility for compliance with the building codes in effect at the time of issuance and any applicable ordinances. If the information set forth in this application is incorrect, the permit may be revoked. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, and ROOFING WORK** and there may be additional permits required for other governmental entities.

Signature of Applicant: _____