



**TOWN OF RED CLIFF**

P.O. Box 40  
Red Cliff, CO 81649  
Phone: 970-827-5303 Fax: 970-827-5300

**MECHANICAL PERMIT APPLICATION**  
Permit #: \_\_\_\_\_

Please complete all of the following to allow for processing of this application.

ADDRESS			
LEGAL DESCRIPTION			
LOT #	BLK	FILING	SUB
OWNER		PHONE	
MAILING ADDRESS			
CONTRACTOR		PHONE	
ADDRESS		RED CLIFF REGISTRATION NUMBER	
USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other			
CLASS: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolition <input type="checkbox"/> Other			
DESCRIPTION OF WORK			
TOTAL VALUATION:			
TYPE OF HEATING: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other			
<b>HEAT LOSS CALCULATIONS MAY BE REQUIRED</b>			
HEAT LOSS CALCULATIONS INCLUDED: <input type="checkbox"/> Yes <input type="checkbox"/> No			
INPUT BTU RATING OF APPLIANCE:			
Date		Signature	
<b>NOTICE: PLEASE READ BEFORE SIGNING</b> I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. The granting of permit does not presume to give authority to or cancellation of any other state or local law regarding construction or the performance of construction.			
_____ Signature of Contractor		_____ Date	
_____ Signature of Owner		_____ Date	