

**Compliance Department**

2101 O'Neil Avenue, Room 202

Cheyenne, WY 82001

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A COMMUNITY OF CHOICE

COMMERCIAL Building Permit Application

Valuation of Work: \$		For Office Use Only	
Job Address:		Plan Review #:	
Legal Description:		Permit #:	
		Received By:	
		Received Date:	
Lot:	Block:	Tract Size:	Permit Fee
		Use Zone:	Plan Review Fee
Applicant (Owner or Authorized Agent) Information:			Transportation Fees
Owner/Agent Name/Email:			Temporary Power Pole
Owner/Agent/Email: Address and Phone Number			Public Safety Fee
Contractor: Name/ Email		Contractor Phone #:	Commercial Enhancement Fees
Architect: Name and Phone Number/ Email			Total Fees Due
Engineer: Name and Phone Number/ Email			Fees paid by <input type="checkbox"/> cash
			<input type="checkbox"/> check # _____
			<input type="checkbox"/> escrow acct
			<input type="checkbox"/> credit card

Subcontractors: <i>(Must be listed or TBD if undecided. The following work will not be included in the permit if it is left blank.)</i>	
Electrical:	Contractor Class & License #:
Plumbing:	Contractor Class & License #:
Mechanical:	Contractor Class & License #:
Fire Protection:	Contractor Class & License #:
Other:	Contractor Class & License #:

Work to be completed					
New: <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>	Repair <input type="checkbox"/>	Move <input type="checkbox"/>	Demolish <input type="checkbox"/>
Change of Use: <input type="checkbox"/>		Prior Use:		Future Use:	
Please answer the following questions:					
Occupancy Classification:		Type of Construction:		Design Occupancy Load:	
Number of Stories (above grade):					
Building Areas in Square Feet:			Remodeled Area:		
Main floor:		2nd floor:		Mezzanine:	
Basement:		Garage:		Deck/Porch:	
Other:					

Foundation Type:	Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> or Slab-on-grade including foundation <input type="checkbox"/>
Fire sprinklers:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, designed by:
Lawn sprinklers:	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes - Where? Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/>
Gas logs or fireplaces:	Yes <input type="checkbox"/> No <input type="checkbox"/> Number:

Description of Work: Complete description of the work done including any plumbing, mechanical (heating, ventilation, or air conditioning), electrical, fire sprinkler or alarm. <i>(Work is not included in the permit unless described in this scope of work.)</i>

BY MY SIGNATURE AND UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT I AM THE OWNER OF THE REFERENCED PROPERTY, OR THE OWNER'S AUTHORIZED AGENT. I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OR LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

THE ISSUANCE OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS. IN ANY CASE, THIS PERMIT/PLAN REVIEW SHALL EXPIRE ONE YEAR AFTER DATE OF ISSUE.

For all public and commercial renovations or demolitions, the State of Wyoming, Department of Environmental Quality, requires that the facility must be inspected for the presence of asbestos, prior to any renovation or demolition. Contact Linda Dewitt, Asbestos Program coordination, at (307) 777-7584.

Signature:	Date:
Name Printed:	Company:

Inspections and a Certificate of Occupancy/Completion are required prior to any occupancy of the structure.

For Office Use Only					
Permit / Plan Review Conditions:					
	Approval	Date		Approval	Date
Address Assigned	_____	_____	Dev/Zoning	_____	_____
Flood Hazard	_____	_____	Fire Review	_____	_____
Traffic	_____	_____	Bldg Plan Review	_____	_____
Tap Fees	_____	_____	Card Issued by	_____	_____
BOPU	_____	_____	Approved for Issue by	_____	_____
Historic District	_____	_____	Permit Issued by	_____	_____