



A COMMUNITY OF CHOICE

Building & Development Office

2101 O'Neil Avenue, Suite 202

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RESIDENTIAL Building Permit Application

Valuation of Work:		For Office Use Only	
Job Address:		Plan Review #:	
Legal Description:		Permit #:	
Received By:		Received Date:	
Block:	Lot:	Tract Size:	Permit Fee
Use Zone:		Plan Review Fee	
Applicant (Owner or Authorized Agent) Information:		Right of Way Fee	
		Temporary Power Pole	
Owner/Agent: Address and Phone Number/ Email		Public Safety Fee	
Contractor: Name/ Email		Transportation Fee	
Contractor Phone #:		Residential Community Facility Fee (\$400/ unit)	
Architect: Name and Phone Number/ Email		Other:	
Engineer: Name and Phone Number/ Email		Total Fees Due	
		Fees paid by <input type="checkbox"/> cash	
		<input type="checkbox"/> check # _____	
		<input type="checkbox"/> escrow acct	
		<input type="checkbox"/> credit card (fees are added)	

Subcontractors: (Must be listed or TBD if undecided. The following work will not be included in the permit if it is left blank.)			
Electrical:	Contractor Class & License #:		
Plumbing:	Contractor Class & License #:		
Mechanical:	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"/>		
Please answer the following questions:			
Occupancy Classification: R-3 / U	Type of Construction: V-B	Manufactured Housing (or Mobile Home) <input type="checkbox"/>	
Number of stories (above grade):			
Building areas in square feet:		Remodeled area: N/A	
Main floor:	2nd floor:	Bonus room:	
Basement:	Garage:	Deck/Porch:	
Other:			

Foundation type:	Basement <input type="checkbox"/> , Slab-on-grade including foundation <input type="checkbox"/> , Crawl Space <input type="checkbox"/> , or Block and Piers <input type="checkbox"/>
Basement condition:	Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> or Square footage of Finished Area:
Garage location:	Attached <input type="checkbox"/> Detached <input type="checkbox"/> car
Jetted tub(s):	Yes <input type="checkbox"/> No <input type="checkbox"/> Number of fixtures:
Gas logs or fireplaces:	Yes <input type="checkbox"/> No <input type="checkbox"/> Number:
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"/>
Deck(s):	Yes <input type="checkbox"/> No <input type="checkbox"/> Number and size:

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

WHICH ENERGY CODE COMPLIANCE PATH WILL BE USED?

Prescriptive Paths:

1. ☐ R-Value Computation (Computation (component values of thermal envelope; Table 402.1.1)
2. ☐ UA Alternative (assembly values, Table 402.1.3)
3. ☐ Total UA alternative (total system values; trade-offs; REScheck)

Performance Path: ☐ (\$ to operate; home energy rating, such as Energy Star)

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 OR GUARANTEE ISSUANCE OF A WELL OR SEPTIC PERMIT. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, NOT WITHSTANDING UNIQUE CIRCUMSTANCES. IN ANY CASE, THIS PERMIT EXPIRES ONE YEAR AFTER DATE OF ISSUE.

Signature:	Date:
Name Printed:	

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	_____	_____