

DATE

SUMMIT COUNTY COMMUNITY DEVELOPMENT

TECHNICAL PERMIT NUMBER

**TECHNICAL PERMIT APPLICATION**

**IF THERE IS A BUILDING PERMIT ATTACHED TO THIS ADDRESS THEN  
IT MUST BE ISSUED PRIOR TO ISSUING ANY TECHNICAL PERMIT**

BUILDING PERMIT NUMBER

**PROJECT INFORMATION****PERMIT TYPE: (circle)**

STREET ADDRESS

CONDO &amp; UNIT NUMBER

SUBDIVISION

MECHANICAL

OWNER

ADDRESS

PHONE

PLUMBING

CONTRACTOR

HOMEOWNER/BUILDER

ADDRESS

PHONE

WOOD/GAS  
FIREPLACE/STOVE

CONTACT PERSON

PHONE

CELL

EMAIL

ELECTRICAL

TEMPORARY POWER

APPLICANT NAME (print please)

APPLICANT SIGNATURE

PHOTO VOLTAIC-AC

PHOTO VOLTAIC-DC

**PLAN REVIEWS ARE REQUIRED FOR THE FOLLOWING TECHNICAL PERMITS: (FOR OFFICE USE ONLY)****MECHANICAL****PLUMBING****FIREPLACE/STOVE****ELECTRICAL****PHOTOVOLTAIC**

ALL COMMERCIAL

ALL COMMERCIAL

MASONRY (RUMFORD)

MULTI FAMILY  
NEW CONSTRUCTION

DC INSTALLATION

TENANT FINISH

MULTI FAMILY  
DWELLINGEXTERIOR WOOD  
BOILERS

COMMERCIAL

MULTI-FAMILY

SOLID FUEL BURNING  
FIREPLACES IN  
COMMERCIAL /MULTI-  
FAMILY BUILDINGSMIXED OCCUPANCY  
NEW CONSTRUCTIONENGINEERED PLANS  
SUPPLIED AT SUBMITTAL

BACK -UP GENERATOR

DESCRIPTION OF WORK (NUMBER OF FIREPLACES ON FIREPLACE PERMIT)

**CONTRACTOR VALUATION (FOR STAND ALONE PERMITS ONLY)** **FOR OFFICE USE ONLY - PHOTOVOLTAIC**TOTAL VALUE OF WORK,  
INCLUDING MATERIALS & LABOR

\$ \_\_\_\_\_

**REQ'D****REFERRAL AGENCIES**

FIRE DEPT

PLANNING



BUILDING INSPECTION DEPARTMENT

970.668.3170 ph | 970.668.4255 f
www.SummitCountyCO.gov

0037 Peak One Dr. | PO Box 5660
Frisco, CO 80443

Credit Card/eCheck Authorization Form

Sign and complete this form to authorize Summit County Government to make a one-time charge to your credit card or payment with an eCheck listed below.

By signing this form, you give Summit County Government permission to debit your account for the amount indicated on or after the authorization date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize Summit County Government to charge my
(Cardholder's Full Name)

credit card account indicated below for technical permit or window permit fees.

This payment is for \_\_\_\_\_
(Site Address)

Billing Information

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Card Details (Please note Credit Card Fee 75 cents plus 2.25%)

Visa MasterCard Discover American Express

Cardholder Name \_\_\_\_\_
Account/CC Number \_\_\_\_\_
Expiration Date \_\_\_\_ / \_\_\_\_
CVV \_\_\_\_

Banking Information for eCheck Payment (\$1 fee)

Name on Account \_\_\_\_\_
Routing Number \_\_\_\_\_
Account Number \_\_\_\_\_ Checking Savings

I authorize Summit County Government to withdraw from account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please send authorization form via secure email or fax (970) 668-4255