



New Commercial Construction in the City of Montrose

This packet is intended to be a guide for the development process and is not intended to be a complete list of all requirements that may be necessary. For further assistance, please contact the Building Department at 970-240-1437.

A COMPLETE BUILDING PERMIT APPLICATION SUBMITTAL WILL HAVE:

1. Completed building permit application form.
2. Two (2) sets of building plans (one for Building Department and one to be returned to contractor). Separate submittal for Fire Department. Call 970-249-9181 for requirements.

Construction Documents shall include:

- Architect stamp and signature on each sheet if occupant load for building exceeds ten (10).
 - Plot plan showing accurate distances from property lines to building wall line. Include all easements on lot.
 - Site Specific Stamped Engineered Foundation. Engineer must be registered in the State of Colorado. Foundation plan must have stamp and wet signature.
 - Complete dimensioned floor plan with window and door schedule.
 - Floor framing.
 - Wall framing. Include fire resistance rated designs.
 - Roof framing.
 - Cross section showing construction from the bottom of footers through roof peak.
 - Two (2) elevation views.
 - Other details as required.
3. Completed Wastewater Questionnaire

BUILDING PERMIT ISSUANCE:

Before a Building Permit will be issued and construction may begin we must have:

- Fire Department review and approval letter
- Planning Services review for site development (plan approval and signed Declaration of Covenants)
- Signed Water-Sewer Connection Permit

PLEASE NOTE:

- *If construction is started before a Permit has been issued, an investigation fee will be imposed.*
- *Written approval must be secured from the Building Official before any changes are made in construction of the building that are not shown on the plans submitted.*
- *For demolition contact Colorado Department of Public Health and Environment at 1-800-886-7689 or www.colorado.gov/cdphe/asbestos for information regarding lead and asbestos permits.*
- *Electrical permit information 855-451-9792 or www.colorado.gov/dora/dpo.*

INSPECTION REQUIREMENTS FOR COMMERCIAL CONSTRUCTION

Under no circumstances will a unit be occupied prior to the issuance of the certificate of occupancy or approval in writing from the building official or designated representative.

NOTE: Construction lot must have address clearly posted.

1. All necessary permits must be procured prior to construction work.
2. It is your responsibility to ensure inspections are called for and approved prior to work continuation. Inspection Hours are 9:00-11:00 a.m. and 1:30-3:30 p.m.
3. Notification 24 hours prior to inspection: for the following type of inspection required:
 - a. Setback inspection – either at footer or stemwall stage.

NOTE: Engineer must inspect and provide letter of approval for foundation to the permit file before a frame inspection will be conducted.

- b. Cross Connection – Rough-in plumbing must be approved by both public works and building inspection.
 - Plumbing (except for lateral to building) inspection of plumbing to be made prior to covering and shall be made with water or air pressure test.
 - Sampling manholes shall be inspected and signed off by Public Works.
 - c. Gas Inspections – after installation of all piping, vents, ducts and appurtenances are made and air tested to 20 psi for not less than two (2) hours. Piping must be complete and tested through the gas meter yolk.
 - d. Framing inspection after building is dried in and all interior walls, ceilings, and partitions are exposed. Electrical, plumbing, gas and mechanical ductwork must be installed prior to this inspection. Letter certifying foundation must be on file.
 - e. Electrical Inspections – will be done by the State Electrical Inspector prior to insulation inspection. Electrical Inspector phone number is (855) 454-0065.
 - f. Insulation Inspection – prior to wallboard installation **and after electric R.I. inspection.** Insulation must be exposed. Power pack, blown in insulation is rated at R3.5 per inch unless otherwise certified.
 - g. Wallboard inspection whenever material is hung and prior to wallboard joints and fasteners being taped and finished.
 - h. Final inspections to be made after building is finished, but prior to occupancy. Please allow 3 to 5 days notice.
 - Cross connections, backflow prevention, landscaping and building will be inspected. The Planning Department and Public Works Department must approve site development compliance prior to the C.O. issuance.
 - Address must be posted on building and a final electrical inspection form must be on site before the Certificate of Occupancy is issued.

The City Utility Billing Department requires owners to make a deposit on the new service and have utilities placed in their names.



Commercial Building Permit Application

Received on:
Address ID:
Permit Number:

Construction Address		
Subdivision	Lot Number	Block Number

Owner's Name			
Address:			Phone Number
City	State	Zip	Email

Contractor Name:			
Address			Phone Number
City	State	Zip	Email

Architect:	Phone:
	Email:

Engineer:	Phone:
	Email:

Use of Building
Zoning District:

Total Cost of Project

NOTE: An investigation fee will be imposed if construction commenced prior to issuance of building permit

Type of Project (Check Only One)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel	<input type="checkbox"/> Addition
<input type="checkbox"/> Tenant Finish	<input type="checkbox"/> Change of Use	

Square Footage of Proposed New Building or Addition		
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Structure	Current Size	Size Finished
Basement:	Sq. Ft.	Sq. Ft.
Main Floor:	Sq. Ft.	Sq. Ft.
2 nd Floor/Bonus	Sq. Ft.	Sq. Ft.
Garage:	Sq. Ft.	Sq. Ft.

PROJECT INCLUDES:	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas
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	YES	NO
Site Improvement (parking, landscaping, lighting)		
Will this property disturb land over one-half acre?		
Is this lot in the flood plain?		
Does the building/space have a sprinkler system?		

Setbacks (Distance of Project to Property Line)				
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	Front	Side	Side	Rear
Required:	Ft.	Ft.	Ft.	Ft.
Proposed:	Ft.	Ft.	Ft.	Ft.

Description of work:

Certification: I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all City ordinances and State Laws regulating building construction and zoning.

Applicant (Please Print)	Signature	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent	Date
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NOTE: NO CHECKS WILL BE ACCEPTED WITH ANY WAIVER LANGUAGE FOR ENDORSEMENT.

Office Use Only			
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Type of Construction	Occupancy Group	Size of Building	Use Zone
No. of Stories	Occupancy Load	No. of Dwelling Units	<input type="checkbox"/> Existing <input type="checkbox"/> Added
Fire Sprinklers Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIAL APPROVALS	REQUIRED	AUTHORIZED BY	DATE	REMARKS
PLANNING				
PUBLIC WORKS				
FIRE DEPARTMENT				

City of Montrose Wastewater Questionnaire

The City of Montrose has the responsibility delegated by the United States Environmental Protection Agency to apply and enforce the federally mandated Industrial Pretreatment Program. One part of the program is *all commercial and industrial users* have a completed Wastewater Questionnaire on file at the City of Montrose Wastewater Treatment Plant.

We ask that you please take time to complete this questionnaire, sign and return it to us within ten (10) business days. After reviewing this, an appointment may be scheduled for the inspection of your place of business. If you have any concerns, or if you need help filling out this form, please call Pretreatment Coordinator at (970) 240-1451. Thank you for your cooperation.

General Information

1. Business Name: _____
2. Mailing Address: _____

3. Facility Address: _____

4. Phone Number: _____
5. Email Address: _____
6. Person to Contact _____ Title: _____
7. Responsible Official: _____ Title: _____

Product/Service Information

1. Check all activities that may be present at your facility.

- | | | |
|---|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Flammables, Explosives | <input type="checkbox"/> Office Unit | <input type="checkbox"/> Vehicle, Equip. wash |
| <input type="checkbox"/> Food Processing, service | <input type="checkbox"/> Painting, Stripping
or Finishing | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Government | <input type="checkbox"/> Plant Wash down | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printing, Photo | <input type="checkbox"/> Other (specify)
_____ |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Repair Shop, Garage | _____ |
| <input type="checkbox"/> Laundry | | |

2. Please provide a brief description of the operations at this facility:

3. List basic materials used in your product or operation:

Sewer Use

1. Is your daily water usage greater than 25,000 gallons? Yes No

2. Will this facility generate any wastewater other than from restrooms, cafeterias, or kitchen areas? Yes No

3. Will there be changes proposed which will cause generation of wastewater other than from restrooms, cafeterias, or kitchen areas? Yes No

4. Will any liquid wastes or sludge be generated at the facility site? Yes No

5. If this is a food service, where is the location of your grease trap?

6. How often is the removed from the grease trap at this facility?
Weekly Monthly Bi-Monthly Quarterly Other
If other, please explain_____

7. Does your company remove the grease from your facility? Yes No
If yes, to where?_____

8. Does another company remove the grease from your facility? Yes No
If yes, Name, Address, Telephone number of company

Please check the following Items that best describe the waste and quantity that would be discharged from your facility.

Estimated Units Per Month

- | | |
|---|--|
| <input type="checkbox"/> Grease _____ | <input type="checkbox"/> Pretreatment Sludge _____ |
| <input type="checkbox"/> Oil _____ | <input type="checkbox"/> Pesticides _____ |
| <input type="checkbox"/> Waste Solvent _____ | <input type="checkbox"/> Radioactive Wastes _____ |
| <input type="checkbox"/> Inks/Dyes _____ | <input type="checkbox"/> Waste Product _____ |
| <input type="checkbox"/> Paints _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Thinner _____ | _____ |
| <input type="checkbox"/> Acids & Alkaline _____ | _____ |
| <input type="checkbox"/> Plating Wastes _____ | _____ |

9. Does your business seek to discharge these checked wastes to the City Wastewater System? Yes No
10. Does your company practice on site disposal of any of these checked wastes? Yes No (specify) _____
11. Does your company remove these checked wastes from the facility? Yes No if yes, to where? _____
12. Does another company remove these checked wastes from the facility? Yes No if yes, Name, Address, Telephone number of company

13. Are these checked wastes placed with trash for disposal? Yes No
14. Have you had any laboratory test of your discharge? Yes No
If yes, please attach most recent data. Indicate any anticipated changes in this discharge quality.

Certification

I hereby certify, under penalty of a violation, that the information found in this questionnaire is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

_____ Name	_____ Title
_____ Signature	_____ Date