

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 & UNIT NUMBER	SUBDIVISION	MECHANICAL PLUMBING WOOD/GAS FIREPLACE/STOVE/FIRE PIT ELECTRICAL TEMPORARY POWER PHOTO VOLTAIC-AC SIDE
OWNER		ADDRESS	PHONE	
CONTRACTOR	<input type="checkbox"/> HOMEOWNER/BUILDER	ADDRESS	PHONE	
CONTACT PERSON	PHONE	CELL	EMAIL	
APPLICANT NAME (print please)		APPLICANT SIGNATURE		
PLAN REVIEWS ARE REQUIRED FOR THE FOLLOWING TECHNICAL PERMITS:				
MECHANICAL	PLUMBING	FIREPLACE/STOVE	ELECTRICAL	PHOTOVOLTAIC
ALL COMMERCIAL	ALL COMMERCIAL	MASONRY (RUMFORD)	MULTI FAMILY NEW CONSTRUCTION	COMMERCIAL AC INSTALLATION
TENANT FINISH	TENANT FINISH	EXTERIOR WOOD BOILERS	ALL COMMERCIAL	
MULTI-FAMILY NEW CONSTRUCTION	MULTI-FAMILY NEW CONSTRUCTION	SOLID FUEL BURNING FIREPLACES IN COMMERCIAL/MULTI- FAMILY BUILDINGS	MIXED OCCUPANCY NEW CONSTRUCTION	
			BACK -UP GENERATOR	
			TENANT FINISH	
DESCRIPTION OF WORK (INCLUDE NUMBER OF FIREPLACES FOR FIREPLACE PERMIT)				
CONTRACTOR VALUATION			FOR OFFICE USE ONLY	
TOTAL VALUE OF WORK, INCLUDING MATERIALS & LABOR \$ _____			ADMIN, PLEASE NOTE: ALL BACK-UP GENERATORS REQUIRE A PLAN REVIEW AND A PLANNING DEPARTMENT REVIEW	



BUILDING INSPECTION DEPARTMENT

970.668.3170 ph | 970.668.4255 f
www.SummitCountyCO.gov

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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