



**MORGAN COUNTY
PLANNING, ZONING & BUILDING DEPT.**
231 Ensign, P.O. Box 596
Fort Morgan, Colorado 80701
PHONE (970) 542-3526 FAX (970) 542-3509
E-mail: ablake@co.morgan.co.us

PERMIT # _____

ROOFING PERMIT APPLICATION

LANDOWNER: _____

MAILING ADDRESS: _____ PHONE: _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR _____ LICENSE # _____

ADDRESS: _____ PHONE: _____

CITY _____ STATE _____ ZIP _____

PARCEL NUMBER: _____

JOB SITE ADDRESS: _____ ZONE DISTRICT: _____

Cost of Project: _____ Property Size (sq. ft. or acres): _____ Present use of property _____

Brief Description of proposed project: _____

Building Dimensions: _____

Legal Description of Property: _____

Required attachments:

Architecture Control Approval

Right to Farm Policy

Landowner agrees to contract the project in accordance with plans and specifications submitted herewith and in strict compliance with the provisions of the Morgan County Zoning Regulations. **Landowner is notified that any past, existing or future drainage associated with this property is the responsibility of the landowner and not that of Morgan County. Property taxes must be current prior to the issue of any permits.**

Signing this application gives the Building Inspector and/or his agent express permission to enter permitted property for the purpose of conducting inspections as required by the Morgan County Zoning Regulations and Morgan County Building Code.

Signature: _____ Date: _____

STAFF USE ONLY:

Date Application Received _____ Received By _____

Fee Payment \$50.00 Check # _____ By _____

Property Taxes _____

Other Permits Issued _____

Notes _____

PERMIT FOR USE AS SET FORTH IS HEREBY (GRANTED) (DENIED)

Building Official: _____ **Date:** _____

Valid for projects started within 90 days.

