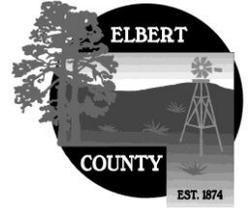




COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165



TEMPORARY USE / SPECIAL EVENTS PERMIT

Zoning Regulations
Part II, Section 24

PERMIT NUMBER: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____

PROPERTY LOCATION: _____

ZONING: _____

ACCESS: _____

TEMPORARY USE: _____

ELECTRICAL CONNECTIONS:	_____ YES	_____ NO
(If yes, an electrical permit is <u>required</u>)		
SITE PLAN SUBMITTED:	_____ YES	_____ NO
APPROVAL OF PROPERTY OWNER:	_____ YES	_____ NO
(If yes, attach letter of approval)		
PROOF OF INSURANCE:	_____ YES	_____ NO
(If yes, provide a copy of insurance)		
SURETY BOND	_____ YES	_____ NO
(If yes, provide copy of surety bond)		
PROOF OF OWNERSHIP (if applicable)	_____ YES	_____ NO

SPECIAL CONDITIONS: _____

SPECIAL USE REVIEW APPLICATION SUBMITTED _____ DATE: _____

FIRE DISTRICT APPROVAL _____ DATE: _____

SHERIFF'S APPROVAL _____ DATE: _____

PLANNING DEPT. APPROVAL _____ DATE: _____

BOARD OF COUNTY COMMISSIONERS APPROVAL _____ DATE: _____

THIS PERMIT IS VALID FOR A PERIOD OF _____ DAYS FROM DATE OF BOARD OF COUNTY COMMISSIONERS' APPROVAL.

I AGREE TO THE CONDITIONS SET FORTH BY THE BOARD OF COUNTY COMMISSIONERS AND TO MAINTAIN THE SETBACKS AS SHOWN ON THE SITE PLAN.

APPLICANT'S SIGNATURE: _____

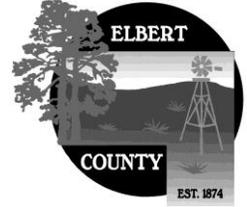
DATE SUBMITTED: _____



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cds@elbertcounty-co.gov



DISCLOSURE LETTER

I/We, _____
do hereby acknowledge my/our full awareness of the application/request being presented to Elbert
County by _____
for the parcel of land indicated, and for the reason(s) noted on the completed application/request
submittal.

I/We hereby acknowledge the person(s) noted is/are my/our authorized representative(s) in the
matter.

I/We hereby grant permission for the Elbert County Community & Development Services
Department, or any referral agency they require, to access the parcel of land indicated for reasons of
reviewing and evaluating the land use application.

Signature(s):

PRINT NAME AND COMPLETE ADDRESS OF PROPERTY OWNER BELOW:

Name: _____

Address: _____

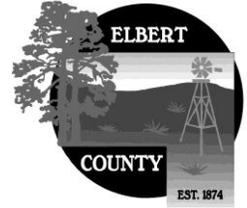
Date: _____



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APPLICATION AGREEMENT FORM

The applicant agrees to pay for reasonable additional engineering and/or consultation when requested by the Community & Development Services Department, Planning Commission or Board of County Commissioners when, in their opinion, additional information, studies, or investigations are needed to help clarify the proposal made.

Applicant or Authorized Representative

Date