



COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
cds@elbertcounty-co.gov



TEMPORARY USE / SPECIAL EVENTS PERMIT (Zoning Regulations)

PERMIT NUMBER: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____

PROPERTY LOCATION: _____

ZONING: _____

ACCESS: _____

TEMPORARY USE: _____

ELECTRICAL CONNECTIONS: _____ YES _____ NO
(If yes, an electrical permit is required)

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(S): _____

DATE SUBMITTED: _____



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DISCLOSURE LETTER

PROJECT NAME: _____

PROJECT LOCATION: _____

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(S) BELOW:

Name: _____

Date: _____

Address: _____

State of)

) ss:

County)

The above and foregoing instrument was subscribed and sworn to before me, in my presence, a Notary Public in and for the County of _____, State of _____, this _____ day of _____, 20____.

(SEAL)



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APPLICATION AGREEMENT FORM

PROJECT NAME: _____

PROJECT LOCATION: _____

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
