



ENCROACHMENT APPLICATION

P.O. Box 2002
Buena Vista, CO 81211
719-395-8643
www.buenavistaco.gov

| |
|-----------------|
| Project Address |
| Submit Date |
| Town Use Only |

CONTACT INFORMATION

Applicant Name _____ Phone Number _____

Email Address _____

Applicant Mailing Address _____

City, State, ZIP _____

BASIC INFORMATION

1) Permanent Non-Permanent

2) Type

| | | |
|--|-------------------|-------|
| <input type="checkbox"/> Permanent Structure / Outdoor Dining (Awning, Structure, Monument Signs, Outdoor Dining.) | Type of Structure | _____ |
| <input type="checkbox"/> Permanent Sign (Projecting signs) | Type of Sign | _____ |
| <input type="checkbox"/> Non-Permanent Structures (Projecting signs) | Type of Structure | _____ |

3) Time frame for completion:

4) Please explain your request for encroachment:

5) Mandatory Insurance: Sec 16-293

Initial Above

The holder of an encroachment permit issued under this Section shall indemnify and hold harmless the Town, its officers, employees and agents, against any and all claims arising from any occurrence occasioned by the permitted use, and shall maintain, during the period of the permit, comprehensive general public liability and property damage insurance naming the Town, its officers, employees and agents as insureds in an amount equal to the limits under the Colorado Governmental Immunity Act, Section 24-10-101, et seq., C.R.S., plus the costs of defense; provided that the insurance is primary insurance and that no other insurance maintained by the Town will be called upon to contribute to loss covered by the policy; and providing for thirty (30) days' notice of cancellation or material change to the Town. (Ord. 12-2005 §2)

LEGAL DISCLAIMER

I hereby certify that I have read and examined all application submitted at this time and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. It is my responsibility to review the approved plans and any comments that are contained thereon and see that the structure and/or project is built in compliance with all applicable codes

Applicant Signature _____ Date ____/____/20____

| Applicant | Required Item | Town Staff |
|-----------|--|------------|
| | County Building Application (If Applicable) - if deemed necessary by the Town | |
| | Encroachment Fee <input type="checkbox"/> Permanent Structure / Outdoor Dining: \$150 <input type="checkbox"/> Permanent Sign: \$50 <input type="checkbox"/> Non-Permanent Structures: \$25 | |
| | Proof of Insurance - The permit holder is required to produce at the time of submission and maintain insurance coverage in an amount of not less than a combined single limit for bodily injury and property damage of three hundred fifty thousand dollars (\$350,000.00) per person and nine hundred ninety thousand dollars (\$990,000.00) per occurrence, and naming the Town as an additional insured. | |
| | Revocable License Agreement | |
| | Site Plan - The plan should show: <ul style="list-style-type: none"> - The lot lines, where the building sits on the lot, and the lot and building dimensions - The street location, and if it's a corner lot, the intersecting streets - Clear Sight Triangle needs to be denoted (Code section 16-4) - The sidewalk location, width, and curbing location - The setback dimension from the sidewalk to the building - (if applicable) The location of proposed outdoor dining area and its components (tables, chairs, barriers, planters, etc.) placement, including dimensions and total outdoor dining area (in square feet) | |
| | A drawing and/or specification of any and all proposed barrier solution - No commercial advertisement is permitted on the barrier/fence | |

For Town Staff Only

Date Submitted: ___ / ___ / 20 ___

Date Reviewed: ___ / ___ / 20 ___

Reviewer Name: _____

Planning Approval: _____

Notes

Admin Approval: _____

Date: ___ / ___ / 20 ___