

1st Floor, Suite W2000
Brighton, CO 80601-8204
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TEMPORARY USE PERMIT

Application submittals must include all documents on this checklist as well as this page. Please use the reference guide (pg. 2) included in this packet for more information on each submittal item.

All submittals shall include one (1) hard copy of all documents and one (1) electronic copy with all documents combined in a single PDF.

- 1. Development Application Form (pg. 3)
- 2. Application Fees (see table below)
- 3. Written Explanation of the Project, including:
 - Dates or Proposed Timeframe
- 4. Site Plan Showing Proposed Development
- 5. Certificate of Insurance in the amount of \$400,000 (Adams County Government Beneficiary)
- 6. Trip Generation Letter
- 7. Proof of Ownership (title policy, warranty deed, or copy of current lease)
- 8. Proof of Water, Sewer and Trash Services
- 9. Proof of Utilities (e.g. electric, gas)
- 10. Certificate of Taxes Paid

Application Fees	Amount	Due
Temporary Use Permit	\$1,000	With application submittal
Tri-County Health	\$55	With application submittal
*made payable to Tri County		
Health		

Temporary Use Permit Guide to Development Application Submittal

All development application submittals shall consist of one (1) hard copy of each document and one (1) electronic copy (USB or CD) with all documents combined in a single PDF. Application submittals that do not conform to these guidelines shall not be accepted.

3. Written Explanation of the Project:

• A clear and concise, yet thorough, description of the proposal. Please include, if applicable, timeframe, purpose of project, and improvements that will be made to the site

4. Site Plan Showing Proposed Development:

- A detailed drawing of existing and proposed improvements
- Including:
 - o Streets, roads, and intersections
 - Driveways, access points, and parking areas
 - Existing and proposed structures, wells, and septic systems,
 - o Easements, utility lines, and no build or hazardous areas
 - Scale, north arrow, and date of preparation
- An Improvement Location Certificate or Survey <u>may be required</u> during the official review

5. Certificate of Insurance:

• Shall be in the amount of \$40,000 with Adams County Government as the Beneficiary

6. Trip Generation Letter:

 Shall be determined based upon the methodologies of the most current, Institute of Transportation Engineers (ITE) Trip Generation Manual for the weekday AM peak hour and weekday PM peak hour

7. Proof of Ownership:

- A deed may be found in the Office of the Clerk and Recorder
- A title commitment is prepared by a professional title company

8. Proof of Water:

- Public utilities-A written statement from the appropriate water district indicating that they will provide service to the property OR a copy of a current bill from the service provider
- Private utilities- Well permit(s) information can be obtained from the Colorado State Division of Water Resources at (303) 866-3587

8. Proof of Sewer:

- Public utilities-A written statement from the appropriate sanitation district indicating that they will provide service to the property OR a copy of a current bill from the service provider
- Private utilities-A written statement from Tri-County Health indicating the viability of obtaining Onsite Wastewater Treatment Systems

9. Proof of Utilities (Gas, Electric, etc):

- A written statement from the appropriate utility provider indicating that they will provide service to the property
- Copy of a current bill from the service provider

10. Certificate of Taxes Paid:

- All taxes on the subject property must be paid in full. Please contact the Adams County Treasurer's Office
- Or http://adcogov.org/index.aspx?NID=812

Community & Economic Development Department www.adcogov.org



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Application Type:					
Subo	ceptual Review division, Preliminary division, Final Correction/ Vacation	Preliminary PUD Final PUD Rezone Special Use	Tempora Variance Conditio	e	
PROJECT NAME	:				
APPLICANT					
Name(s):			Phone #:		
Address:					
City, State, Zip:					
2nd Phone #:			Email:		
OWNER					
Name(s):			Phone #:		
Address:					
City, State, Zip:					
2nd Phone #:			Email:		
TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)					
Name:			Phone #:		
Address:					
City, State, Zip:					
2nd Phone #:			Email:		

DESCRIPTION OF SITE

Address:	
City, State, Zip:	
Area (acres or square feet):	
Tax Assessor Parcel Number	
Existing Zoning:	
Existing Land Use:	
Proposed Land Use:	
Have you attende	d a Conceptual Review? YES NO NO
If Yes, please list	PRE#:
under the author pertinent requirent Fee is non-refund	at I am making this application as owner of the above described property or acting rity of the owner (attached authorization, if not owner). I am familiar with all nents, procedures, and fees of the County. I understand that the Application Review dable. All statements made on this form and additional application materials are my knowledge and belief.
Name:	Date:
	Owner's Printed Name
Name:	
	Owner's Signature