



**TEMPORARY USE PERMIT/ PERMIT APPLICATION**

Gilpin County Community Development Department - PO Box 661, Central City CO 80427

Phone: (303) 582-5831 Fax: (303) 582-5440

**APPLICANT**

NAME	MAILING ADDRESS
PHONE NUMBER	CITY, STATE, ZIP
FAX NUMBER	EMAIL ADDRESS

**OWNER IF DIFFERENT FROM APPLICANT**

NAME	MAILING ADDRESS
PHONE NUMBER	CITY, STATE, ZIP

**SUBJECT PARCEL INFORMATION (IF APPLICABLE)**

ADDRESS:	ASSESSOR'S ACCOUNT NUMBER(S):
LEGAL DESCRIPTION: (Lot/block/Subdivision or Mine Name/MS Number or Section/Township/Range if metes & bounds)	

**ACTIVITY TO WHICH THIS APPLICATION PERTAINS**

(If roadway (race) event – list all roadways used with sections identified in project narrative)

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**REQUIRED ATTACHMENTS:**

- Project description narrative including the following:
  - All activities and accommodations.
  - Hours of operation shown in full block hours.
  - Map of area used for event including all designated activity areas and routes onsite and offsite.
  - Emergency plan addressing law enforcement, fire, and medical responses.
  - Proof all other permits and or permissions have been obtained.
  - Estimated number of participants.

I certify that the information, plans and exhibits I have submitted are true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Applicant is not Owner, please attach original notarized *Letter of Authorization* signed by owner.)

**PERMIT APPROVAL (TO BE COMPLETED BY STAFF)**

<b>PERMIT NUMBER</b>	<b>FEE AMOUNT</b>	<b>DATE PAID</b>
<b>PERMIT ISSUED BY</b>	<b>STAFF SIGNATURE</b>	<b>DATE ISSUED</b>

**Note: Staff reserves the right to require additional submittals as circumstances dictate.**