

Permit #: \_\_\_\_\_



Issue Date: \_\_\_\_\_

PUBLIC WORKS DEPARTMENT  
340 W HWY 291  
SALIDA, CO 81201  
PHONE (719)539-6257

### Landscaping Permit

APPLICANT: \_\_\_\_\_ Property Owner Only (Please Print)

ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_

Applicant *or* Agent Picking up Permit:      Property Owner      Agent

I have received the corresponding brochure: †YES     †NO

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

*Note:* Property Owner is the Applicant and is responsible for satisfactory completion of work. If a Contractor performs the work, the City views that Contractor as Sub-contractor for property owner.

Location of Work \_\_\_\_\_

Contractor Name      SELF      OTHER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date Work is to be started \_\_\_\_\_

Date Work is to be Completed \_\_\_\_\_ (30 Days after start)

Expected Road Closure      YES      NO

*\*Contractors are responsible for notifying news media news media and Chaffee County Dispatch (539-2596) for road closures*

Insurance required      YES      NO

*\*Required if using machinery in City ROW, Must be on file with PW*

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