



**TOWN OF MONUMENT
LAND DEVELOPMENT PERMIT APPLICATION**

Permit Number: _____

Project Name: _____

Project Location: _____

General Contractor Name: _____ **Phone #** _____

General Contractor Address: _____

Acting as Agent for Owner/Developer (Name): _____

**General Contractor Qualifying License
(Number, Jurisdiction, and Contact Phone No.):** _____

- Permit Type: _____
(Check all that apply)
- ___ Grading/Site Work
 - ___ Drainage
 - ___ Potable Water
 - ___ Sanitary Sewer
 - ___ Paving
 - ___ Sidewalk
 - ___ Curbing
 - ___ Irrigation
 - ___ Landscaping
 - Final Inspection Fee
(required for every project)

Name(s) of subcontractor(s) _____
performing the work (if applicable): _____

General Contractor Signature: _____
Date: _____

<u>QUANTITY</u>	<u>FEES</u>
___ Acres	_____
___ Acres	_____
___ Linear Feet	_____
___ Linear Feet	_____
___ Square Feet	_____
___ Linear Feet	_____
___ Linear Feet	_____
___ Linear Feet	_____
___ Acres	_____
___ Acres	_____
TOTAL	_____
Current Certificate of Insurance on file	_____
*See attached schedule for quantity and fees	

The above signed hereby attests that he/she is properly insured and licensed in a similar jurisdiction within the State of Colorado to perform the work described above. The undersigned further acknowledges and understands that this permit allows performance only of the work as shown on the approved plans that are herein made a part of this permit by reference:

Plans Entitled: _____ (plans must be on project site before inspections will be performed)
Town of Monument Plans Approval Date: _____

Any modifications to the work shown on the approved plans must be approved in writing by the Town of Monument prior to commencement of any modifications.

Permit issued by: _____ Date of Issuance: _____
Director of Development Services

This permit is not valid until signed by an authorized representative of the Town of Monument Development Services Department.