



**TOWN OF MONUMENT
LANDSCAPE 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.):** _____

***All Landscaping Materials are to be stored on the property,
out of roadways at all times.**

Permit Type:

Landscaping
 Type of Sod _____
 % of sod area _____

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

General Contractor Signature: _____
Date: _____

FOR STAFF USE ONLY	
	<u>Fees</u>
Landscaping_____	<u>\$50</u>
TOTAL	<u>\$50</u>
Current Certificate of Insurance on file	_____

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.