



**TOWN OF MONUMENT
MISCELLANEOUS CONSTRUCTION PERMIT APPLICATION**

Permit Number: _____

Project Name (if applicable): _____

Project Location: _____

Contractor Name: _____

Contractor Address: _____

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

- Permit Type: _____
(Check all that apply)
- Tree Removal
 - Road Cut
 - Jack and Bore
 - Maintenance of Traffic
 - Refundable Bond

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

Contractor Signature: _____
Date: _____

FOR STAFF USE ONLY	
	<u>Fees</u>
___ Trees	_____
___ Lanes	_____
___ Lanes	_____
\$100	_____
\$500	_____
TOTAL	_____
Current Certificate of Insurance on file	_____
Acceptable Qualifications Statement on File	_____

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.