

## **CITY OF VICTOR**

## P. O. Box 86, Victor, CO 80860 719-689-2284

Name of Applicant	
Home Phone	Mobile Phone
Mailing Address	
City	StateZip
Empail Address	
Contractor/Subcontractor_	
Home Phone	Mobile Phone
Mailing Address	
City	StateZip
Email Address	
<b>Subject Site Address or Loca</b>	ation:
Legal Description: Lot(s):	Block: Subdivision:
Property Zoning:	
<b>Description of Proposed Wo</b>	ork:
Attach a detailed sketch plan showing the work site, the public ROW boundaries, locations of all existing facilities in the work area, all infrastructure in the area and all landscaping in the area.  I (we) understand that if any damage to publicly owned infrastructure or utilities results from the work described herein, that I (we) shall be responsible for all costs incurred to repair. By signing, I certify to the City that I (we) are in compliance with all other permits issued by	
tne City and am not delinqu	ent in any payment due to the City for prior work.
Signature of Applicant/Owne	Data
(Fee:	s: See City of Victor Fine and Fee Schedule)
	FOR OFFICE USE ONLY
Approved: Approved with Condit Permit issued on: By:_	ions:Denied:(Date denial letter sent:)Fee Paid: