

**USE OF PUBLIC PLACES APPLICATION**

**Permit #: PP**

***Right-of-Way Encroachment for a Fence, Awning or Projecting Sign***



Check one:

- Fence                       Awning                       Projecting Sign

**Applicant Information:**

Check one:

- Corporation                       Partnership                       Individual / Sole Proprietor                       LLC                       Association or Other

**Job Address:** \_\_\_\_\_

**Name of Applicant (s) - If partnership, list partners names (at least two); if corporation name of corporation:**

\_\_\_\_\_

**Name of Business (Doing Business As):** \_\_\_\_\_

**Business Address: (Street)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip Code)** \_\_\_\_\_

**Mailing Address (if same as business address leave blank):** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

*Do you prefer to be contacted at your business, cellular, or home phone number? Circle one: Business / Cellular / Home*

**Email Address:** \_\_\_\_\_

**(Do you prefer to be contacted via email? Yes \_\_\_ No \_\_\_)**

**Name of Insured on Certificate of Insurance:** \_\_\_\_\_

**Certificate of Insurance is valid from:** \_\_\_\_\_ **to** \_\_\_\_\_

*For a **Fence, Awning or Projecting Sign** answer the following questions: (If necessary please attach additional pages)*

***Requested Improvement Location(s):***

***Requested Date(s) and Time(s):***

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please give us a description of your project and why it is necessary to obstruct the right-of-way:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What safety precautions will you take to secure the obstruction and provide traffic and pedestrian safety? (i.e. barricades, caution tape, warning signs):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this application you agree that you've received a copy of the Municipal Code pertaining to the permit type and that you have read and understand the conditions of the code. You must provide the City with a valid certificate of insurance if your current certificate expires prior to the expiration of the permit. Failure to provide a valid certificate may result in revocation of the permit.*

*I acknowledge that the information contained in this application is true, correct, and complete to the best of my knowledge.*

**Please print name:** \_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please refer to the appropriate section for documents required with this application:  
(Please attach this checklist to your application)*

*Fence, Awning or Projecting Sign:*

- Completed Application
- \$71 per application.** (Make checks payable to City of Longmont.) . If you are applying for a Fence, Awning or Projecting Sign Permit you need to know that: The City requires that the applicant sign a Revocable Use of Public Places Agreement. (\*The applicant will be required to pay the recording fees of \$ 5.00 per page plus \$ 1.00 processing fee.)
- Certificate of Insurance naming City of Longmont as Additional Insured in the liability amounts of \$150,000 per person and \$600,000 per occurrence. Can petition in writing to the City Manager for full or partial waiver of insurance requirement
- Accurate Plot Plan showing the location, size, and type of construction of the proposed improvement. The documents need to be no larger than 8 ½ x 11. Please include the dimensions of the right-of-way and the area that will be taken up by the fence or other improvement. Also, include any permanent structures that are in the immediate area such as fire hydrants, light poles, benches, and planters. Also, name the cross streets. Include an elevation drawing.