



PRIVATE ROAD CONSTRUCTION PERMIT

DATE _____

PERMIT NO. _____ SINGLE ACCESS _____ MULTIPLE ACCESS _____

PARCEL NO.(S) _____

SECTION(S) _____ TOWNSHIP _____ N RANGE _____ W _____

APPLICANT NAME _____

APPLICANT ADDRESS _____

STREET NAME & NO.

CITY, STATE, ZIP

PHONE () -

ESTIMATED LENGTH OF ROAD _____ FT.

NAME OF SUBDIVISION, IF APPLICABLE _____

FOR MULTIPLE ACCESS, NUMBER OF PARCELS ACCESSED _____

FEES: _____ PLANNING SITE VISITS @ \$ _____ PER VISIT \$
_____ SITE VISITS @ \$ _____ PER VISIT \$
_____ PLAN REVIEW @ \$ _____ = \$ _____
TOTAL FEES: \$ _____

NOTICE: THIS PERMIT WILL REMAIN ACTIVE FOR 6 MONTHS FROM THE DATE OF ISSUANCE. IF WORK HAS NOT COMMENCED AT THE END OF 6 MONTHS, THE PERMIT WILL BE VOIDED. AN EXTENSION MAY BE REQUESTED IN WRITING FROM THE COUNTY ENGINEER FOR AN ADDITIONAL 6 MONTHS. THE EXTENSION WILL BE GRANTED BY THE COUNTY ENGINEER IF IT CAN BE DEMONSTRATED THAT CONSTRUCTION WILL BEGIN WITHIN THAT SIX MONTHS PERIOD.

REMARKS:

APPLICANT SIGNATURE _____

LARIMER COUNTY _____

SIGNATURE, TITLE