

Business Name: _____

License No.: _____

If Business is Physically Located in Town Limits			
Landlord Name:			
Landlord Mailing Address:			
Property Owner Association:		Year business moved to location: _____	
Is your business a change of use/occupancy for this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For businesses located within the Town Limits, what is the square footage of your business space: _____ sq ft	
Will there be ANY remodeling or building alterations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does business utilize any hazardous, toxic, or flammable materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be installing a new sign or changing an existing sign?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have you applied for a sign permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

As the representative for this company,

- I fully understand and have read the Permittee Responsibilities (attached) and understand that the full Municipal Code requiring Contractors Work Permits is available at www.townofpagosasprings.com or at Town Hall.
- I understand an approved, current and issued Contractors Work Permit & Business License is required to conduct business within the Town of Pagosa Springs.
- I fully understand and will comply with all the rules and regulations of the Town of Pagosa Springs Municipal Code.
- I have attached a valid Certificate of Insurance to this application.
- This application is complete and correct to the best of my knowledge.

Applicant's Name (printed) _____

Applicant's Signature _____

Date _____

Approvals:

Planning Department	
Zone District: _____ Zoning Correct? <input type="checkbox"/> Yes <input type="checkbox"/> No	Conforming Sign: <input type="checkbox"/> Yes <input type="checkbox"/> No
CUP# _____ Variance # _____ Date: _____	Sign Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held <input type="checkbox"/> N/A	Comments:
Signature: _____ Date: _____	

Building Department	
Change of Occupancy or Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Old Occupancy: _____ New Occupancy: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held	Comments:
Signature: _____ Date: _____	

Sanitation Department	
Change of Occupancy or Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Old Occupancy: _____ New Occupancy: _____
Unit of Measure: _____	Current ERTs Assessed: _____ New ERTs Assessed: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held	Comments:
Signature: _____ Date: _____	

Pagosa Fire Protection District	
<input type="checkbox"/> Approved <input type="checkbox"/> Deny <input type="checkbox"/> Held	Comments:
Signature: _____ Date: _____	

License Approved by: _____ Date: _____