



551 Hot Springs Blvd
 PO Box 1859
 Pagosa Springs, CO 81147
 970.264.4151
 970.264.4634 (fax)

Contractors Work Permit & Business License Application

Return Completed Application to the Town Clerk's Office with your fee for processing. Application will be forwarded for necessary approvals. Processing time varies but can take up to 30 days to receive license.

Business/Owner Information			
Business Legal Name:		FEIN:	
DBA (Doing Business As):		CO Sales Tax #:	
Physical Address:			
Mailing Address:			
Phone Number:		Fax Number	
Email:		Number of Employees:	
Owner Name:		Other Owner Name:	
Primary Contact (PC):		PC Position:	
Phone Number:		Fax Number:	
Type of Ownership:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Franchise <input type="checkbox"/> Non-Profit Corporation (provide proof of status) <input type="checkbox"/> Other _____		
DORA License Type:		DORA License #:	Exp: _____
Other License Type:		Other License #:	Exp: _____

Class A	Class B	Class C
Construction, alternation or repair of any type of permitted structure. Required for ALL Commercial & Multi-Family General Contractors	Construction, alteration, or repair of single or two-family residences of two stories or less. Required for ALL Residential General Contractors	Contracting for labor or labor and material involving specialized trades. Required of ALL Subcontractors
Annual Fee		
\$150.00	\$100.00	\$50.00
Date Paid: _____ Payment Type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash		
Required Limits of Insurance		
Current Certificates of Liability and Workers Compensation Insurance are required in the following liability amounts		
Class A or B Permittee must have liability limits of at least: <ul style="list-style-type: none"> \$300,000.00 per individual \$300,000.00 per occurrence \$50,000.00 for property damage 	Class C Permittee must have liability limits of at least: <ul style="list-style-type: none"> \$50,000.00 per individual \$50,000.00 per occurrence \$25,000.00 for property damage 	
Name of Insurance Company: _____		
Address: _____		
Policy Number: _____ Effective Date: ____/____/____ to ____/____/____		

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	<i>For businesses located within the Town Limits, what is the square footage of your business space:</i> _____ 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: _____