



Email: [admins@leadville-co.gov](mailto:admins@leadville-co.gov)

Phone: 719-486-2092 Fax: 719 486-5813

## Temporary Use Permit Application (Event):

A **Temporary Use Permit** is required for any organized activity involving the use of, **or** having impact upon, **public property, public facilities, parks, sidewalks, paths, trails, streets or other public areas** or the **temporary use of private property in a manner that varies from its current land use**, that lies within the boundaries of the City of Leadville. This application does **not** apply to nor will it be reviewed by any state or federal entity; this is the applicant's responsibility.

Impact is defined as: *Any closure, impedance, damage, destruction, abnormal wear and tear, interference or use of any public facility, property, roadway, trail, structure, ingress, egress or business function that causes extraordinary or unusual expense, or deters or detracts from other duties for any governmental agency within the City of Leadville, Colorado.*

**All Event Permit applications** are handled through the Director of Administrative Services office. After the applicant completes the Application and attaches any required documents, it is to be returned to the Director of Administrative Services. Applications are available on line at [www.cityofleadville.com](http://www.cityofleadville.com). They can be printed and faxed or emailed back to the City.

### Reasons that your application may be denied are:

- Agencies may not have the resources to dedicate to your event,
- Your event may be deemed as too intrusive to the community,
- Your event may be deemed as inappropriate for the community or
- Your event may be deemed to be too destructive to the community.
- Other reasons may be expressed in the denial.

Acceptance of your application should in no way be construed as final approval or confirmation of your request. You will be notified if your event requires any additional information, permits, licenses or certificates. During the initial application screening process you will be given time to provide us with all pending documents (e.g. certificate of insurance, secondary permits, etc.). All documentation must be received before a Special Event Permit will be issued.

Permit applications must be received no later than ninety (90) days prior to the actual date of your event if the event will require closure of Harrison Ave/HWY 24 (unless City Council agrees and approves to a less amount of time for the submission). For applications that will require a temporary closure of Harrison Ave/HWY 24, that would delay access to Harrison Ave for two hours or less, do not require a ninety (90) application submittal. Permit applications must be received no later than thirty (30) days prior to the actual date of your event for all other requests that do not require closure of Harrison Ave/HWY 24 or for temporary closure as noted above. **Information from your permit application is considered public information** and may be used in developing the calendar of community events or reviewed by the public under the Open Records Act.

Issuance of a Special Events Permit **does not create any liability** for the issuing entities outside of their normal responsibilities under Colorado Revised Statutes. **It does not create a contractual agreement** with you and the issuing entities to perform any duty, responsibility or to perform any function other than what is provided for under the permit. **The applicant will not have any fees returned after the permit has been issued due to weather, lack of participation or any other reason.**

The applicant is responsible to ensure appropriate porta-potties, trash receptacles, arrange for Fire, ambulance, or law enforcement to manage their event as needed. If the event is deemed by local officials that these needs have not been met and additional resources are called in, the event will pay for those costs.



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# APPLICATION

**Event Title:** \_\_\_\_\_

**Description:** (Describe what your event is about, who and what will be involved, how it will work and any special information that you feel is important to help us understand the details of the event)

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

**Set up** Date \_\_\_\_\_ Time \_\_\_\_\_ Day of Week \_\_\_\_\_

**Event Starts** Date \_\_\_\_\_ Time \_\_\_\_\_ Day of Week \_\_\_\_\_

**Event Ends** Date \_\_\_\_\_ Time \_\_\_\_\_ Day of Week \_\_\_\_\_

**Dismantle** Date \_\_\_\_\_ Time \_\_\_\_\_ Day of Week \_\_\_\_\_

**Location(s) requested:** \_\_\_\_\_

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

**Anticipated Attendance** Total \_\_\_\_\_ Per Day \_\_\_\_\_  
(not including participants)

**Anticipated Participants** Total \_\_\_\_\_ Per Day \_\_\_\_\_ Total: \_\_\_\_\_

**Anticipated # of vehicles**

## CONTACTS

Host Organization \_\_\_\_\_

Chief Officer of Host Organization \_\_\_\_\_

Applicant (Contact) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Pager/Cellular \_\_\_\_\_ E-Mail Address: \_\_\_\_\_



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### APPLICATION, *CONTINUED*

If your event will impact city services please give description:

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If your event involves alcohol, weapons, speed activities, high speed vehicles, pyrotechnics, loud noise of any kind or any unusual activity please describe:

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**Does your event require Harrison Ave/ HWY 24 to be closed? Please indicate in the box below. If it does require closure of Harrison/HWY 24 you will be required to adhere to the City of Leadville traffic control plan A or B. If you have comments related to this section please indicate in the space below.**

YES  NO

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**Does your event require Harrison Ave/ HWY 24 to be closed for a short term duration of up to a few hours? Please indicate in the box below. If it does require temporary closure of Harrison/HWY 24 you will be required to adhere to the City of Leadville traffic control plan C. If you have comments related to this section please indicate in the space below.**

YES  NO

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**If required, an original Certificate of Insurance must be received by the City of Leadville prior to the approval and issuance of your Special Event Permit.**

The applicant will need commercial general liability insurance that names as Additional Insured, the “City of Leadville its officers, employees, and agents” and any other public entities impacted by your event to which this permit applies. Insurance coverage must be maintained for the duration of the event including setup and dismantle dates.

Name of Insurance Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Contact Name \_\_\_\_\_

Policy Type \_\_\_\_\_

Policy Amount \_\_\_\_\_ Policy Number \_\_\_\_\_



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**APPLICATION, CONTINUED**

**Please Provide an Event Map that includes the following information**

If the item does not apply please write N/A in the box.

- Location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- Provision of minimum twenty foot (20') emergency access lanes throughout the event venue.
- Location of first-aid facilities and ambulances.
- Location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- A detailed or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Other related event components not listed above. \_\_\_\_\_

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

**CERTIFICATION:**

I/we certify that the information contained in the foregoing application is true and correct to the best of my/our knowledge and belief that I/we have read, understand and agree to abide by the requirements, rules and regulations governing the proposed Special Event Permit under the City of Leadville. I/we agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event, I/we agree to pay all fees, taxes and the City shall not be liable for the payment of such taxes. I/we agree to abide by the requirements of the Special Events Permit, and further certify that I/we, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible, in conjunction with the Host Organization, for any costs and fees that may be incurred by or on behalf of the Event to the City of Leadville.

Print Name Host Organization \_\_\_\_\_

Print Name of Authorized Agent \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Approved by:** \_\_\_\_\_



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**APPROVAL/DENIAL PAGE**

(copy to be given to applicant along with the application, and filed with documentation)

**REQUEST HAS BEEN:**

Event approved: \_\_\_\_\_  
Date

Event Denied: \_\_\_\_\_  
Date

INSURANCE REQUIRED?  YES  
(Attach Certificate of Insurance to file copy)

NO

Special Events Permit Requirements:

\_\_\_\_\_  
\_\_\_\_\_  
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Approval Granted by: \_\_\_\_\_

Date: \_\_\_\_\_



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**FOR OFFICIAL USE ONLY: SIGN OFF REQUIRED FROM ALL CHECKED BOXES**  
*\*CAN BE EMAIL DIRECTED TO PLANNING OFFICAL BY DEPARTMENT HEAD*  
**DEPARTMENT INPUT (to be attached to the permit file copy):**

**City of Leadville (Planning Official):** CONDITIONS / RESTRICTIONS/ COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**City Street Dept.:** CONDITIONS / RESTRICTIONS/ COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Police Department:** CONDITIONS / RESTRICTIONS/COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Fire Department:** CONDITIONS / RESTRICTIONS/ COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Health Dept. (food):** CONDITIONS / RESTRICTIONS/ COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Lake County Building & Land Use (HWY 24 Closure):** CONDITIONS / RESTRICTIONS/ COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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DEPARTMENT INPUT (to be attached to the permit file copy):

**Colorado Department of transportation (HWY 24 Closure):** CONDITIONS / RESTRICTIONS/COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Lake County Road & Bridge (HWY 24 Closure):** CONDITIONS / RESTRICTIONS/ COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Lake County Sheriff (HWY 24 Closure):** CONDITIONS / RESTRICTIONS/ COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Lake County Emergency Services (HWY 24 Closure):** CONDITIONS / RESTRICTIONS/COMMENTS

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To be filled out by the respective departments, if applicable: total costs to the City in labor hours and/or dollars.

Police Dept.: \_\_\_\_\_ labor hrs; at \$\_\_\_\_\_ per hr plus \$\_\_\_\_\_ in fuel & supplies for a total \$\_\_\_\_\_

Street Dept.: \_\_\_\_\_ labor hrs; at \$\_\_\_\_\_ per hr plus \$\_\_\_\_\_ in fuel & supplies for a total \$\_\_\_\_\_

Fire Dept.: \_\_\_\_\_ labor hrs; at \$\_\_\_\_\_ per hr plus \$\_\_\_\_\_ in fuel & supplies for a total \$\_\_\_\_\_

Total Labor: \_\_\_\_\_

Total Fuel & Supplies: \_\_\_\_\_