



CITY OF CAÑON CITY

Engineering Department

P.O. Box 1460 • 128 Main Street
Cañon City, CO 81215-1460
(719) 269-9011 • Fax: (719) 269-9017

SIDEWALK CAFÉ PERMIT

Café Location: _____

Type: Initial Application _____ Permit Transfer _____ Renewal _____ Modification _____

Applicant: _____
Name

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Applicant's Signature _____ **Date** _____

Submittal Requirements:

- | | | |
|---|----------|--|
| Detailed Site Plan | Included | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Certificate Of Insurance (\$1,000,000) | Included | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Special Insurance Endorsement Form
*City named as additional insured | Included | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Department Routing:

<u>Department</u>	<u>Requirements</u>	<u>Approved</u>	<u>Authorized Rep. Initials</u>	<u>Date</u>
Building Official	Building Permit Obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
City Clerk	Liquor License Conditions Met?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Code Enforcement	Sign Permit Obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
ADA Coordinator	Accessibility Addressed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Public Works	Excavation Permit Obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____
Fire Department	Fire Safety Concerns Addressed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	_____	_____

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Official Use Only

City Engineer _____ **Date** _____ **Expiration Date**
(1 year from issue date)
Revised 10/14/2020