



COVID WINTER USE APPLICATION

Box 397 Telluride, CO 81435
Contact: Ron Quarles
(970) 728-2150
rquarles@telluride-co.gov

BUSINESS NAME: _____

STREET ADDRESS: _____

PROPERTY OWNER(s): _____ **Phone #:** _____

Street Address: _____ **Email address:** _____

APPLICANT: _____ **Phone #:** _____

Street Address: _____ **Email address:** _____

PROJECT DESCRIPTION:

PROVIDE A BRIEF DESCRIPTION OF THE USE AND HOW IT WILL OPERATE DURING THE WINTER SEASON: _____

Will the use include heating devices for outdoor or indoor use? ___(y)___(n) If yes, please provide information on the devices (UL or other manufacturers listing): _____

Will the use require special lighting? ___(y)___(n) If yes, please describe: _____

How will the use be maintained to withstand winter conditions (Snow loads, etc). _____

Will structure(s) be installed / assembled on the site? ___(y)___(n) If yes, please explain: _____

Will the project require permanent modifications to buildings or construction of decks or other permanent structures? ____ (y) ____ (n) If yes, please describe: _____

(May require separate application with Historic Preservation Department for Certificate of Appropriateness and associated building permits)

Will the project require upgrades to HVAC systems or utilities (gas/electric/water/sewer)? ____ (y) ____ (n)
If yes, please explain: _____

(May require separate application for building permits)

Will the project utilize any sidewalk or street? ____ (y) ____ (n) If yes, separate revocable encroachment permit must be granted by the Town Council and associated agreement in place prior to approval.

Will the project require a modification to the on-premises liquor license? ____ (y) ____ (n) If yes, please submit with this application an application to the Town Clerk.

SITE PLAN REQUIRED: PLEASE ATTACH A DRAWING REFLECTING, WITH ACCURATE DIMENSIONS, THE LOCATION OF PROPOSED STRUCTURE(S) AND THE DISTANCE(S) FROM PROPERTY LINES AND OTHER STRUCTURES. ALSO PROVIDE INDOOR LAYOUT (SEATING).

EVIDENCE OF OWNER'S CONSENT: PLEASE PROVIDE EVIDENCE OF OWNER'S CONSENT

FINANCIAL ASSISTANCE:
Will you be requesting any financial assistance from the Town of Telluride (if available) for expenses associated with this use? ____ (y) ____ (n)

INDEMNIFICATION:
PLEASE SIGN THE SEPARATE ATTACHED "LETTER OF INDEMNIFICATION" WITH APPLICATION.

Signature of Applicant: _____ Date: _____

Applicant understands that additional information may be requested prior to final determination by the Town Manager.
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STAFF USE ONLY

Received By _____ Date _____

Approved _____ Date _____
Town Manager