



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)
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Revised 10/14/2020