

Stamp Here for
Date Received



METRO DISTRICTS
Highlands Ranch

parks • recreation • open space

3280 Redstone Park Circle
Highlands Ranch, Colorado 80129

303-791-2710
303-791-3047 Fax

Tracking # _____ - _____

Temporary Access Permit Application

Applicant Instructions – Please complete this entire application prior to beginning construction or accessing Metro Districts property with a motor vehicle or equipment. An incomplete application will delay the permit process. Submit the completed application to the Metro Districts Parks & Open Space Service Center. Your application will be processed in five business days. **This application is not a permit**

1. Owner or Company Information:

Owner or Company: _____ Phone: _____

Owner or Company Representative Name: _____

Office: _____
Phone # Cell: _____
After Hours: _____

Address: _____

2. Contractor Information (if different from Owner/Company)

Representative / Project Manager: _____

Address: _____

Office: _____
Phone # Cell: _____
After Hours: _____

3. Required Easements/County Permits

Attach Copy of Easement Documents:

- Book # _____
- Page # _____
- Reception # _____

Verified By Metro Districts Engineering

Name

Has a Douglas County Permit Been Issued?

- Yes Number _____
- No

4. Access Information: Access will be granted for approved public and commercial projects and to authorized utilities with easements performing related work.

Description of Work: _____

Site Location: _____

****Proposed access route (maps/drawings must accompany this application, failure to do so will result in delay of permit):** _____

5. Vehicles to be Used: Describe all vehicles to be used, including trailers & other equipment, which will be used for access or installation of facilities: *Only company or public agency vehicles marked with the company or agency name will be permitted. Personal vehicles are not permitted on Metro Districts Property. Permit must be displayed in the window of all vehicles & equipment at all times when on Metro Districts' property.*

6. Date(s) and Time(s) of Access:

Date(s)	Time(s)
_____	_____
_____	_____
_____	_____

Notify METRO DISTRICTS Contact person 24 hours prior to work and upon completion to arrange for final inspection

7. Conditions of Access Permit:

- a) A pre construction meeting is required with the Metro Districts contact person prior to starting work.
- b) Access is permitted for purpose, location, date(s) and time(s) as authorized by this permit.
- c) The permittee is responsible for locating all underground utilities and irrigation lines prior to the requested access.
- d) The permittee agrees to hold the Highlands Ranch Metropolitan Districts harmless and indemnify the Districts from any actions resulting from this temporary access.
- e) The permittee shall restore the property as near as reasonably possible to its condition preceding the work and repair any improvements damaged as a result of the above access within (5) working days of completion of work. All landscape repairs will be completed by an ALCC certified contractor with prior approval by the Metro Districts.
- f) All repairs and restoration will be inspected by the Metro Districts.
- g) If repairs or replacements are not satisfactorily completed within (5) working days, the Districts will complete the work as necessary to return the site to its original condition. The Permittee agrees to pay for labor, materials, and all associated costs of such repairs and/or replacement, plus an administrative fee of 20%. The costs will be deducted from the damage deposit. If the deposit is insufficient the permittee will be billed for the balance.
- h) In the event of damage, the contractor will immediately notify the METRO DISTRICTS Contact person. The contractor is responsible for coordination of repairs, and inspection of damages.

Administrative Fee: \$125.00
 (nonrefundable)

Damage Deposit Required: *Minimum \$2,500*
 (refundable upon satisfactory restoration and repair)

Special Conditions: _____

o I agree to the above conditions:

_____ Signature of Applicant

_____ Date

Title _____

METRO DISTRICTS USE ONLY

Metro Districts Contact : _____

Tracking # _____ - _____

Filing # _____

1. **Fees Collected:** Administrative \$ _____ Deposit \$ _____

2. **Permit Status:** Approved Denied (fee and deposit refunded)

By: _____ Date: _____

Notes: _____

3. **Final Inspection:** Satisfactory Unsatisfactory (Attach labor, materials & cost of repair)

By: _____ Date: _____

Notes: _____

4. **Deposit Refund Authorized:** Yes \$ _____ No

By: _____ Date: _____

Notes: _____

