Fremont County Application for Issuance of an Address County Maintained Roads

Property Owner's Nam	ne:					
	Last Name	First Name	Middle Initial			
Current Mailing Addre	SS					
Daytime Phone #:	Mailing Address Cell #:	City Email:	ST Zip			
	e #:					
You must provide	e a copy of the recorded deed (address from the Fremont Cou	 (containing the complete le	egal description) of the Office (719) 276-7336			
any County, Sta intersection of t 2. Plot map showi	County, State, Federal or Private ate, Federal or Private road then the access road. ing property and the location of diated.) You may use a separate s	the property will be addressed inveway for your property. (V	ed at the point of the We must know where your			
 Address more ac With the mainten 	ses issued are subject to change. ccurate information becomes avai e issuance of this address <i>Fremo</i> nance of the roadway or access to cludes driveway access permit fee	iilable. I <u>ont County in NO way acce</u> o the property.				
	http://www.fremontco.com/do	ot/drivewayaccessandaddres	sspermit.pdf			
 Fremont County is responsible for issuing addresses only for properties in the <u>unincorporated</u> areas of Fremont County. To obtain addresses inside the incorporated city limits of Brookside, Coal Creek, Cañon City, Florence, Rockvale, or Williamsburg, you will need to contact those municipalities directly. All lands within Fremont County are subject to Zoning and Building regulations. 						
Return Completed Application with payment (checks payable to Fremont County) to: Fremont County Planning & Zoning Department						
	615 Macon Ave. Rm. 210 Cañon City, CO 81212 719-276-7360	FEE	:: \$130.00			
Addresses will be is Incomp	ssued within two (2) weeks from the plete address applications will be	he receipt of the completed a returned to the applicant for	application and payment completion			
OFFICE USE ONLY Date Paid:	Cash ☐ Check#	Receipt #				
	Date:					
Issued by:	Date:					

County Access Permit #_____



Colorado 811 must be notified prior to excavation

DRIVEWAY ACCESS and ADDRESS PERMIT FREMONT COUNTY BUILDING DEPARTMENT 615 MACON AVE, ROOM 212

Phone: 719-276-7460 Fax: 719-276-7461

PERMIT #							
ADEQUATE LOCAT	. SCHEDULE AN ON-SITE TION REQUIREMENTS O LS TO APPEAR, THERE W	OF THE DRIVEWAY AC	CESS, AND FOR FIN	NSPORTATION D AL ACCEPTANCE	ESIGNEE TO DE	TERMINE	
(2.) PLOT MAP OR SKE INITIAL.	ETCH IS REQUIRED. DEF	PARTMENT OF TRANS	SPORTATION DESIG	NEE WILL INDICA	ATE DRIVEWAY	LOCATION &	
Department of Trans	sportation Designee:			Phone: 710 276 7420			
Department of Transportation Designee: Name of Applicant:			Phone:	one: Alt Phone			
Current address, City	y, State, Zip Code of A	Applicant:					T
Name of Driveway C	ontractor installing: _						_
Address of proposed	lor existing driveway	, please include ad	<mark>dress:</mark>				
For County use: The	following is to be con	npleted by Departr	ment of Transport	ation Designee	<u>.</u>		=
Name of street being	g accessed:		Site dista	nce both direc	tions:	_ ft f	ft.
Driveway acc	cess shall not interfer	e with location or	functioning of any	traffic regulat	ion device.		
More than o	ne driveway access s	hall not be allowed	l on any parcel les	s than 100' in v	width.		
 Driveway acc 	cess shall be construc	ted so as not to in	terfere with the s	treet drainage s	system.		
No driveway	access shall enter or	exit on to street a	t less than 45 deg	rees.			
The fellowing inform	-41						
	ation will be required						
will drainage study t	e required: Yes	NO If \	es, specify below	16			
Will improvemen	ts be required: Yes _	No					
Culvert size:	Type of Culver	t (Material)	Co	wor over ten e	f Culvert		
Curb Cut	Drop Inlets	Downsno	uts	Fneray Di	ssinators		-
Flared Ends	Headwalls	Rip Rap	Paving & Be	Lifeigy Di	Deflecto	rc	400
Racks Crit	os Raisers	Basins	Spillwavs	Others	Beliecto	13	
A minimum o	of 12 inch diameter cu	ulvert, unless large	r required due to	historical drain	age.		-
 Minimum co 	ver over top of the cu	ulvert shall be ½ the	e diameter of the	culvert. Minim	num length of	culvert 24"	
 Driveway sha 	ıll not allow drainage	onto County Right	-of-Wav.		idili icilgai oi	Culvert 24 s	
	l be set on a grade w						
	be corrugated meta			& construction			
	Ü						
(3.) LOCATION AND S	ITE REQUIREMENTS A	APPROVED BY DEP	ARTMENT OF TRA	NSPORTATION	:		
DESIGNEE:				DATE:			
(4.) A. APPLY FOR AD	DRESS AT THE BUILDI	NG DEPARTMENT,	615 MACON, RO	OM 212			
B. PLOT MAP OR	SKETCH AS APPROVE	D IN (2.) ABOVE, W	ILL BE REQUIRED	WHEN APPLYII	NG FOR AN AC	DDRESS.	
C. SUBMIT COPY	of issuance of an A	ADDRESS TO THE B	UILDING DEPART	MENT WHEN A	PPLYING FOR	A PERMIT	
**Permit will expire	one year from date o	of purchase.					
certify that I unders	tand and agree to the	e above requireme	nts and condition	S.			
Signature of Applican	t:		Date:		Fee Paid:		
FINAL ACCEPTANCE C	OF DRIVEWAY ACCESS	BY DEPARTMENT	OF TRANSPORTATION	ΓΙΟΝ:			
DESIGNEE:			DATE:				