

Fremont County

JUN 16 2025

Planning & Zoning

# Temporary Use Permit

Application Packet

*Note: All applications prior to submittal must have gone through a pre-application meeting.*

FREMONT COUNTY PLANNING & ZONING

## Process & Requirements Overview

A temporary use permit is required for spectator events, athletic events, carnivals, circus, concerts, fairs, flea markets, public recreational events, tent meetings, or other similar uses with similar impacts whether public or private, and whether on public or private land. The Department will schedule a pre-submittal meeting if requested by the applicant. The applicant will be required to provide some information (*current use and proposed temporary use, proposed water and sanitation source, proof of access, etc.*) prior to the meeting for the Department to review for the Board meeting. The applicant will be provided with application handouts and information.

A temporary use permit may be approved by the Department if all the following are met:

- A complete application form, all required documentation as per Section 8.12 this Resolution, and fee have been submitted to the Department a minimum of twenty (20) working days prior to the date of the event.
- The event has been granted temporary use approval by the Board consecutively for three (3) previous years.
- The applicant is not requesting a waiver of the application fee or the cash, surety, or other bond (*for clean-up*), unless the Board has granted the waiver for previous application.
- The applicant/event has been conducted in compliance with the requirements of the three (3) previous temporary use permits.
- There are no major changes or amendments to the application, compared to the three prior permits.
- The applicant agrees to any recommendations or requirements of any commenting agency notified of the event.

Any application which is not complete or does not include all minimum submittal requirements will be rejected by the Fremont County Department of Planning and Zoning (Department). The department requires one (1) hard copy of the application and all required submittals. One (1) electronic copy all items shall be labeled exactly as the required submittal.

Upon receipt of a complete application, the Department will review the application and all attachments and prepare a Department Submittal Deficiency and Comment Letter (D & C Letter), which will state the submittal deficiencies which must be addressed by the applicant, Department comments and/or questions about the application, and the number of revised application packets to be supplied to the Department. An additional full application fee may be charged to the applicant, as per Resolution approved by the Board of County Commissioners (Board), if all deficiencies as per the initial D & C Letter are not adequately addressed or provided. Each subsequent D & C Letter, based on resubmitted items, will result in another full application fee. All such fees shall be paid along with the deficiency submittal, prior to any further review of the application.

The Department, Commission, and/or Board of County Commissioners (Board) may require additional information at any time during the application process as may be deemed necessary for thorough consideration of the application and to enable an informed final decision.

Any Land Use application for that has been submitted after the use requiring the permit has been established on the property may be subject to a penalty fee in addition to the set application fee for such permit. The penalty fee shall be equal to the initial application fee for the Land Use Application. As with all land use applications payment of associated fees do not ensure approval of the application.

Applicants shall pay all application fees to the Fremont County Treasurer's Office. Upon receipt of a complete application, a Department representative will provide the applicant with a payment check list to present to the Treasurer's Office with payment.



## FREMONT COUNTY

### DEPARTMENT OF PLANNING AND ZONING

615 MACON AVENUE, ROOM 210, CAÑON CITY, COLORADO, 81212

Telephone 719-276-7360 / Facsimile 719-276-7374

Email: [Planning@fremontco.com](mailto:Planning@fremontco.com)

#### Check the Applicable Application

☐ Temporary Use Permit – With Meeting  
\$250.00

☒ Temporary Use Permit – Without Meeting  
\$200.00

**PROPERTY INFORMATION:** Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

#### Property Address:

783 PINON DRIVE, COTOPAXI, CO

#### Tax ID/Parcel Number:

R024901

#### Parcel size in Acres:

13.89

#### Zone District:

R2

#### Proposed Event:

CAMP TRIDENT

**PROPERTY OWNER(S) INFORMATION:** Indicate the person(s) or organization(s) who own the property.

#### Name(s) (Individual or Organization):

CORNELIUS GUINAN

#### Mailing Address:

PO BOX 7

CAPE CHARLES, VA 23310

#### Telephone:

(757) 647 2719

#### Email Address:

NEIL.GUINAN@ICLOUD.COM

**AUTHORIZATION REPRESENTATIVE / AGENT / CONSULTANT:** Indicate person(s) submitting the application if different than the property owner(s). Attach additional sheets if necessary.

**Name(s) (Individual or Organization):**

**Mailing Address:**

**Telephone:**

**Email Address:**

By signing this Application, the Applicant, or the agent / representative / consultant acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of the Applicant's knowledge and belief.

Fremont County hereby advises the Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of County Commissioners may take any and all reasonable and appropriate steps to declare null and void, any actions of the Board regarding the Application.

Signing this Application is a declaration by the applicant that all plans, drawings and commitments submitted with or contained within this Application are or will be in conformance with the requirements of the Fremont County Zoning Resolution.

Printed Name

Applicant Signature

Date

Cornelius Guerin

CG Guerin

06 JUNE 2025

Printed Name

Owner Signature

Date



## Fremont County Planning & Zoning Department

### Temporary Use Permit

#### REQUIRED EXHIBITS

Submittals and exhibits should be clearly identified with section and/or question number located on the bottom right-hand corner, or otherwise tabbed or marked. Any waiver requests shall be labeled as the same exhibit number.

#### LETTERS OF INTENT – SECTION TWO

<input checked="" type="checkbox"/> <b>EXHIBIT 2.1</b>	<p>Describe in detail the general description of the event to include dates of the event, hours of the day that the event will be held.</p>
<input type="checkbox"/> <b>EXHIBIT 2.2</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>EXHIBIT 2.3</b>	<p style="text-align: center;">Right to Occupy</p>
<input type="checkbox"/> <b>Exhibit 2.4</b>	<p style="text-align: center;">Signage Plan</p> <ol style="list-style-type: none"> <li>1. Provide a statement as to the type(s) of signs, size, &amp; location(s).</li> <li>2. Total amount of signs.</li> <li>3. How long the signs will be posted.</li> <li>4. Copies of any agreements and or contracts with the appropriate property owners, agencies, or companies, if applicable.</li> </ol>
<input type="checkbox"/> <b>Exhibit 2.5</b>	<p style="text-align: center;">Street Closures</p> <ol style="list-style-type: none"> <li>1. Any closure of a County roadway will require approval by the Board. Proposed closures of roadways not controlled by the County will require closure approval by the appropriate authority. Provide all details regarding any road closures.</li> </ol>
<input type="checkbox"/> <b>Exhibit 2.6</b>	<p>The applicant shall provide a list of agencies that require the issuance of a permit, license, or other authority for the event.</p>
<input checked="" type="checkbox"/> <b>EXHIBIT 2.6</b>	<p style="text-align: center;">Refuse Disposal Plan</p> <ol style="list-style-type: none"> <li>1. Address how any litter and debris will be handled during the event and the method of disposal after the event. Attach copies of any agreements and or contracts with appropriate agencies or companies, if applicable.</li> </ol>
<input type="checkbox"/> <b>EXHIBIT 2.7</b> <input type="checkbox"/> <b>EXHIBIT 2.8</b> <input checked="" type="checkbox"/> <b>EXHIBIT 2.9</b>	<p style="text-align: center;">Security &amp; Crowd Control Plan  Vehicular &amp; Pedestrian Traffic Plan  Emergency Service Operation Plan</p>

- ☒ EXHIBIT 2.10
- ☒ EXHIBIT 2.11
- ☒ EXHIBIT 2.12
- ☒ EXHIBIT 2.13

Event Parking Plan  
 Drinking Water Plan  
 Sanitation Plan (restroom facilities)  
 Concession Plan

1. Include a list of food and or beverage vendors and a copy of permits, and/or licenses.
2. Vendors shall provide documentation of sales tax license.

### REQUIRED SUBMITTALS – SECTION THREE

- ☐ Exhibit 3.1
- ☐ Exhibit 3.2
- ☐ Exhibit 3.3

Current Deed of Record  
 General Liability Insurance  
 Cash, Surety, or another Bond

1. In the amount deemed appropriate by the Board to ensure post-event cleanup of the property and payment for damage associated with the conduct of the event.

### REQUIRED FORMS

- ☒ FCDOT
- ☐ CDOT
- ☒ FIRE

Fremont County Roadway Impact Analysis Form (if accessed from a county road)  
 Colorado Department of Transportation Access Permit (if accessed from a CDOT controlled highway)  
 Fire Protection Plan

*Letter to Sheriff's Office*

### SITE PLAN

- ☒
- ☐
- ☒
- ☒
- ☒

Two (2) copies of a drawing, minimum size of 11"x17" which shall include the following:  
 Natural Features (waterways, cliffs)  
 Existing improvements (structures, driveways, septic systems)  
 Components of the special event (stages, parking areas, vendor areas)  
 Vicinity Map



## Fremont County Department of Planning and Zoning Roadway Impact Analysis Form

This form shall be used in conjunction with any applications submitted in accordance with Section 8 of the Fremont County Zoning Resolution and or Section VI of the Fremont County Subdivision Regulations. This form is considered a minimum application submittal item and shall be required to be provided at the time of application submittal. This form is intended to provide the minimum items that must be addressed in the roadway impact analysis. The form can be expanded or attachments can be made to further address the roadway impact of the proposed use. **If the estimated average daily traffic increase is less than thirty (30) vehicle trips per day (one trip to be considered as a single or one-direction vehicle movement with either the origin or the destination [exiting or entering] inside the subject property) as per the Institute of Transportation Engineers, Trip Generation Handbook, Second Edition or subsequent editions for the entire development, as estimated by the project engineer, then a Roadway Impact Analysis will not be required to be completed by an engineer. In such situations other minimum items shall be addressed by the applicant.**

1. Project Name CAMP TRIDENT

2. Type of application:

- |  |  |
|--|--|
| <input type="checkbox"/> Zone Change #1                                      | <input type="checkbox"/> Special Review Use Permit       |
| <input type="checkbox"/> Zone Change #2 – Use Designation Plan               | <input type="checkbox"/> Conditional Use Permit          |
| <input type="checkbox"/> Zone Change #2 – Final Development Plan             | <input checked="" type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Commercial Development Plan                         | <input type="checkbox"/> Change of Use of Property       |
| <input type="checkbox"/> Commercial Development Modification                 | <input type="checkbox"/> Subdivision Preliminary Plan    |
| <input type="checkbox"/> Expansion of an existing Business or Industrial Use |  |

3. Engineer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Facsimile #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

4. Provide a detailed description of the proposed use: To run a one week outdoor adventure and leadership camp for teenage boys, 13-18 years old.  
CO LICENSE number - 1722271  
CAMP TRIDENT is an IRS approved 501(c)(3).

5. Provide the estimated average daily traffic to be generated by the proposed use(s), using the Institute of Transportation Engineers, Trip Generation Handbook, Second Edition or subsequent editions. The estimated volumes of traffic to be generated by the proposed use(s) shall include as a minimum, the average weekday traffic volume and the peak-hour (morning and afternoon) traffic volumes. Specify the number of trips in each category. (one trip to be considered as a single or one-direction vehicle movement with either the origin or the destination [exiting or entering] inside the subject property) we expect 3-4 vehicles at the location

Residential: \_\_\_\_\_ daily, \_\_\_\_\_ peak-hour am, \_\_\_\_\_ peak-hour pm

Employee: \_\_\_\_\_ daily, \_\_\_\_\_ peak-hour am, \_\_\_\_\_ peak-hour pm

through out the week.



Customer: \_\_\_\_\_ daily, \_\_\_\_\_ peak-hour am, \_\_\_\_\_ peak-hour pm

Truck generated by the proposed use: \_\_\_\_\_ daily, \_\_\_\_\_ peak-hour am, \_\_\_\_\_ peak-hour pm

Delivery – required by the use: \_\_\_\_\_ daily, \_\_\_\_\_ peak-hour am, \_\_\_\_\_ peak-hour pm

Total Vehicle Trips: \_\_\_\_\_ daily, \_\_\_\_\_ peak-hour am, \_\_\_\_\_ peak-hour pm

I certify that based on the proposed use(s) the total vehicle trips using the Institute of Transportation Engineers, Trip Generation Handbook, Second Edition or subsequent editions will average less than thirty (30) trips per day based on any fourteen (14) day time frame.

\_\_\_\_\_  
Colorado Licensed Professional Engineer

Date \_\_\_\_\_ Seal

*If the above has been certified, then the applicant can complete the form and acknowledge it. If completed by the applicant only the questions marked by asterisk (\*) are required to be answered.*

**NOTE:** If the additional information provided warrants improvements to the roadway system, even though the traffic generated by the proposed use is less than thirty (30) trips per day, such improvements will be required. If in the future the use exceeds an average of thirty (30) trips per day a complete analysis could be required.

6. \*What is the general location of the subject property? 783 Pinon Drive, Spruce Basin, Catopaxi, CO.

7. \*What are the names and/or the numbers of the public roadways that serve the site? Spruce Basin Road, Ridgeway Drive, Pinon Drive

Provide a site plan drawing that shows the subject property, its proposed access points and all public roadways within a one-half (½) mile radius of the subject property, marked as Exhibit 7.1. ☐ An exhibit has been attached.

8. \*What is the classification, according to the Fremont County Master Plan, of the roadway from which the project site will gain access to the public transportation system?

☐ Expressway or Freeway --- ☐ Major Arterial --- ☐ Arterial --- ☐ Collector --- ☒ Local

9. \*Do the roadways in question lie within a three (3) mile radius of any incorporated town or city limits or the boundary of another County? ☐ Yes --- ☒ No

If yes, provide the name(s) of the jurisdiction(s): \_\_\_\_\_

In addition if a new roadway is to be constructed, how will it comply with the transportation plan in effect for the municipality? N/A

10. \*Will this project require a Fremont County Driveway Access Permit or a Colorado Department of Transportation (CDOT) State Highway Access Permit? ☐ Yes --- ☒ No

Please explain: Driveway already in place

11. \*Will the project require construction of, or improvement to any roadway maintained by the CDOT?  
☐ Yes --- ☒ No

If yes, will the proposed construction or improvement be in compliance with CDOT's "5 Year Transportation Plan"? ☐ Yes --- ☐ No Please Explain \_\_\_\_\_

Has CDOT required that the applicant provide a traffic study? ☐ Yes --- ☒ No

If yes, a copy of the study shall be attached to this application, marked as Exhibit 11.1. ☐ An exhibit has been attached.

12. \*Will the project require construction of, or improvement to any roadway currently maintained or proposed to be maintained by the County? ☐ Yes --- ☒ No

If yes, what would be the social, economic, land use, safety and environmental impacts and effects of the new roadway on the existing transportation system and neighborhood? \_\_\_\_\_

13. \*Are any roadways proposed to be vacated or closed in conjunction with the proposed project? ☐ Yes --- ☒ No

If yes, please explain. \_\_\_\_\_

14. \*Is the proposed project site adjacent to or viewable from any portion of the Gold Belt Tour Scenic Byway or other scenic corridor designated by the Master Plan? ☐ Yes --- ☒ No

If yes, identify the byway and or scenic corridor: \_\_\_\_\_

If yes, explain how the scenic quality will be affected by the proposed project. \_\_\_\_\_

If yes, what measures will be taken to not have a negative impact on the byway and or scenic corridor? \_\_\_\_\_

15. \*Will the proposed project gain access to the public transportation system via 3<sup>rd</sup>, 9<sup>th</sup>, K and or R Streets in the Penrose-Beaver Park Area of the County? ☐ Yes --- ☒ No

16. \*Does the subject property have frontage on a public roadway? ☒ Yes --- ☐ No

If answered no, then documentation evidencing a "right of access" to the subject property for the proposed use shall be attached marked as Exhibit 16.1. ☐ An exhibit has been attached. If answered no, then please explain what the right of access consists of: \_\_\_\_\_

17. \*What is the right-of-way width of the public roadway(s) that serve the site? 22 Feet

18. \*What is the surface type of the public roadway(s) that serve the site? Gravel

19. \*What is the surface width of the public roadway(s) that serve the site? 22 Feet
20. \*What are the existing drainage facilities for the public roadway(s) that serve the site? County maintained public roads
21. \*Does the public roadway(s) that serves the site have curb and gutter? ☐ Yes --- ☒ No  
If answered yes, what is the type of curb and gutter? \_\_\_\_\_
22. \*Does the public roadway(s) that serves the site have adjacent sidewalks or other pedestrian ways?  
☐ Yes --- ☒ No  
If answered yes, what is the width(s) and surface type(s)? \_\_\_\_\_
23. \*How many access points will the subject property have to public roadways? One
24. \*Will the proposed roadways that access the public roadways intersect the public roadways other than at perpendicular? ☐ Yes --- ☒ No  
If answered yes, please explain: \_\_\_\_\_
25. \*What are the sight distances, in all directions, from the subject property access point(s) along the public roadway that serves the site? (mark and provide distance for each that is applicable)  
☐ Northerly, site distance: N/A ☐ Southerly, site distance: N/A  
☐ Easterly, site distance: 100 meters ☐ Westerly, site distance: 25 meters
26. \*What are the distances from the subject property access point(s), in all directions, to the nearest intersection with another public roadway along the public roadway that serves the site? (mark and provide distance for each that is applicable)  
☐ Northerly, distance: N/A ☐ Southerly, distance: N/A  
☐ Easterly, distance: 1 mile ☐ Westerly, distance: N/A
27. \*What are the distances from the subject property access point(s), in all directions, to the nearest driveway(s) along the public roadway that serves the site? (mark and provide distance for each that is applicable)  
☐ Northerly, distance: N/A ☐ Southerly, distance: N/A  
☐ Easterly, distance: 60 meters ☐ Westerly, distance: N/A
28. \*What are the distances from the subject property access point(s), in all directions, to the nearest blind curve(s) along the public roadway that serves the site? (mark and provide distance for each that is applicable)  
☐ Northerly, distance: N/A ☐ Southerly, distance: N/A  
☐ Easterly, distance: 300 meters ☐ Westerly, distance: N/A

29. \*What are the distances from the subject property access point(s), in all directions, to the nearest blind hill(s) along the public roadway that serves the site? (mark and provide distance for each that is applicable)

☐ Northerly, distance: N/A ☐ Southerly, distance: N/A  
☐ Easterly, distance: N/A ☐ Westerly, distance: N/A

30. \*Identify any and all hazardous conditions with regard to the public roadway(s) that provide access to the subject property in the general area of the subject property: \_\_\_\_\_

\_\_\_\_\_

If the public roadway(s) that currently serve the subject property have any hazardous conditions, then recommendations shall be made for improvements that will decrease the hazardous conditions on the public roadway(s): N/A

31. \*Explain what effect the proposed use will have on the existing traffic in the neighborhood. If no change is expected, please explain why no change is expected: No change is expected with the 3-4 vehicles being used for Camp Trident.

32. \*Will the proposed use, due to the increase in traffic or the type of vehicle traffic generated by the proposed use, change the level and or type of required maintenance for the public roadway(s) that serve the site? ☐ Yes --- ☒ No, (please explain) see above

\_\_\_\_\_

If the proposed use, due to the increase in traffic or the type of vehicle traffic generated by the proposed use, changes the level and or type of required maintenance for the public roadway(s) that serve the site, then recommendations shall be made that would lessen the maintenance impact for the entity in control of maintenance of the public roadway(s): N/A

**Note:** If improvements are required, it may be mandatory that such improvement be installed prior to final approval of the application.

33. \*Are new roadways proposed to be constructed, on or off site, in association with the proposed project? ☐ Yes --- ☒ No If yes, provide evidence that the roadways will be constructed to conform to natural contours in order to minimize soil disturbance, cut and fills, protect drainageways and not create to unstable slopes. \_\_\_\_\_



34. Provide an analysis of the existing traffic volumes on the adjacent roadway system, including the average weekday traffic (*vehicles per day*) and the weekday peak-hour traffic (*vehicles per hour – am and pm*), showing the dates and times of traffic counts or source utilized for traffic volume counts. Determine the existing level of service or percentage of roadway capacity currently in use.

Roadway name or # N/A average weekday traffic \_\_\_\_\_  
Weekday peak-hour traffic \_\_\_\_\_ am \_\_\_\_\_ dates \_\_\_\_\_ times  
Weekday peak-hour traffic \_\_\_\_\_ pm \_\_\_\_\_ dates \_\_\_\_\_ times  
Current level of service - % of roadway in use \_\_\_\_\_

Roadway name or # \_\_\_\_\_ average weekday traffic \_\_\_\_\_  
Weekday peak-hour traffic \_\_\_\_\_ am \_\_\_\_\_ dates \_\_\_\_\_ times  
Weekday peak-hour traffic \_\_\_\_\_ pm \_\_\_\_\_ dates \_\_\_\_\_ times  
Current level of service / % of roadway in use \_\_\_\_\_

Roadway name or # \_\_\_\_\_ average weekday traffic \_\_\_\_\_  
Weekday peak-hour traffic \_\_\_\_\_ am \_\_\_\_\_ dates \_\_\_\_\_ times  
Weekday peak-hour traffic \_\_\_\_\_ pm \_\_\_\_\_ dates \_\_\_\_\_ times  
Current level of service / % of roadway in use \_\_\_\_\_

35. Provide an estimate of the probable traffic directional distribution from and to the subject property based on the proposed use(s) and assignment of the estimated traffic volumes to the adjacent roadway network. Estimate the future background and resulting total traffic volumes (*including the estimated generated traffic due to the proposed use*) on the adjacent roadway system for a twenty (20) year design period, showing volumes for both left and right turn movements as well as through traffic. N/A

36. Determine the projected future levels of service or percentage of roadway capacity to be in use at the subject property's access points and key adjacent intersections. Provide recommendations for street and access improvements if any portions of the roadways do not have the capacity to accept the additional estimated traffic volumes. All necessary improvements will be required to be designed, completed and accepted by the County prior to any final action regarding the application. N/A

37. Please provide any additional information considered by the Certifying Engineer to be pertinent to the roadway impact in association with the proposed project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the foregoing information was prepared by myself or under my direct supervision and is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Colorado Licensed Professional Engineer

Date \_\_\_\_\_

SEAL

If not completed by an Engineer, then the following acknowledgement shall be signed by the applicant and/or owner.

**By signing this Application, the Applicant, or the agent/representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of Applicant's knowledge and belief.**

**Applicant understands that any required private or public improvements imposed as a contingency for approval of the application may be required as a part of the approval process.**

**Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Board regarding the Application to be null and void.**

**Signing this Application is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this Application, provided that the same is in conformance with the Fremont County Zoning Resolution.**

Cornelius Guinan  
Applicant Printed Name

C.M. Guinan  
Signature

6 June 2025  
Date

SAME  
Owner Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## FREMONT COUNTY FIRE PROTECTION PLAN AND DISTRICT COMMENT FORM

The Fremont County Subdivision Regulations and Fremont County Zoning Resolution require a fire protection plan be submitted with many different types of applications, at the time of application submittal. In order to provide consistency in the information received, it shall be required that these plans be submitted on this form.

The Fremont County Department of Planning and Zoning (Department), Fremont County Planning Commission (Commission) and Fremont County Board of County Commissioners (Board) take into consideration the responses of the Applicant and the District during their respective review process.

Attachments can be made to this form to provide expanded narrative for any application item including supportive documentation or evidence for provided form item answers. Please indicate at the form item that there is an attachment and label it as an exhibit with the application item number, a period and the number of the attachment for that item (*as an example, the first attached document providing evidence in support of the answer given at application item number 4 would be marked - Exhibit 4.1, the fifth attached document supporting the narrative provided for application item 4 would be marked - Exhibit 4.5*). Exhibit numbers should be placed in either the lower right hand area or the upper right hand area of the exhibit.

If the subject property is not in a fire protection district, only applicants' information and map are required. A copy of the Colorado State Forest Service Wildfire Hazard Area Map with the subject property clearly and accurately located, shall be attached and marked as Exhibit A.

### APPLICANT INFORMATION

1. Project Name CAMP TRIDENT
2. Project Description CAMP TRIDENT is a one week Adventure and Leadership overnight camp for teenage boys, 13-18 years old.
3. Type of application:

<input type="checkbox"/> Zone Change #1	<input type="checkbox"/> Special Review Use Permit
<input type="checkbox"/> Zone Change #2 – Use Designation Plan	<input type="checkbox"/> Conditional Use Permit
<input type="checkbox"/> Zone Change #2 – Final Development Plan	<input checked="" type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> Commercial Development Plan	<input type="checkbox"/> Change of Use of Property
<input type="checkbox"/> Commercial Development Modification	<input type="checkbox"/> Subdivision Preliminary Plan
<input type="checkbox"/> Expansion of an existing Business or Industrial Use	<input type="checkbox"/> Minor Subdivision
3. The subject property is located at:  
785 Pinon Drive, Spruce Basin, Catopaxi, CO  
Address and or General Location (If general location only is used, it will be required that a legal description of the subject property be attached Marked as Exhibit 3.1) ☐ An exhibit is attached.
4. Fire protection will be provided in what manner and with what resources? Fremont County Sheriff's Office Wild Land Fire Team

5. The source of water for fire protection is:
- ☐ --- Water District – Name of District: \_\_\_\_\_
- ☐ --- Well – Colorado Division of Water Resources Well Permit Number: 278280
- Is the well approved for fire protection? ☐ Yes --- ☒ No Please explain: Unless Cabin on Fire
- ☐ --- Cistern – What is the cistern capacity? \_\_\_\_\_ Gallons – What is the water source for filling the cistern? \_\_\_\_\_
6. What is the distance from the subject property to the nearest fire hydrant? N/A
7. What public roadways provide access to the subject property? Piñon Drive
8. How many accesses to public roadways will the subject property have? One
9. Are the interior roadways existing and or proposed for the subject property adequate for fire vehicle access? ☒ Yes --- ☐ No Please explain by providing right-of-way and surface widths, length of roadway, surface types for all interior existing and proposed roadways and turning radii for cul-de-sacs. Only 150 yards of driveway, 12 ft wide Gravel
10. What are the existing and or proposed interior roadway names? N/A
11. Is the subject property located within a fire protection district? ☐ Yes --- ☒ No
- If yes, please provide the district name: \_\_\_\_\_
- If the subject property is not located within a fire protection district please answer the following questions and the form will be considered completed for submittal. If the subject property is located within a fire protection district then answers to the following will not be required, however the remainder of the form shall be addressed by a representative of the fire protection district in which the subject property is located.*
- a. What is the name of the fire protection district closest to the subject property? DEER MOUNTAIN Fire Protection District FPD Station #2, 7 miles away.
- b. What is the distance from the subject property to the nearest fire protection district boundary? UNKNOWN, Nearest station is Deer Mountain
- c. Is it logical and feasible to annex the subject property to a fire protection district?
- ☐ Yes ----- ☐ No Please explain: \_\_\_\_\_



d. What types of fire protection improvements are proposed for the subject property and or structures to be housed on the property? Please explain:

Colorado Early Childhood Development required  
Fire extinguishers in building and close to  
tents where camper are.

By signing this Application, the Applicant, or the agent/representative acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of Applicant's knowledge and belief.

Applicant understands that any required private or public improvements imposed as a contingency for approval of the application may be required as a part of the approval process.

Fremont County hereby advises Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of Commissioners may take any and all reasonable and appropriate steps to declare actions of the Board regarding the Application to be null and void.

Signing this Application is a declaration by the Applicant to conform to all plans, drawings, and commitments submitted with or contained within this Application, provided that the same is in conformance with the Fremont County Zoning Resolution.

Applicant Printed Name

Cornelius Gorman

Owner Printed Name

Signature

CM Gorman

Signature

Date

6 June 2025

Date

## FIRE PROTECTION AUTHORITY INFORMATION

1. The name of the fire protection authority is: \_\_\_\_\_
2. Name of contact person: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. The name and address of the responding fire station is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The distance from the subject property, by public roadway, to the responding fire station is: \_\_\_\_\_  
\_\_\_\_\_
5. The estimated response time to the subject property is: \_\_\_\_\_
6. The location of the closest fire hydrant to the subject property is: \_\_\_\_\_  
\_\_\_\_\_
7. Is the existing hydrant size and location adequate for the existing neighborhood and the proposed development? ☐ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are the existing public roadways accessing the subject property adequate for fire vehicle access? ☐ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are the interior roadways existing and or proposed for the subject property adequate for fire vehicle access? ☐ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are the proposed fire protection measures adequate for any existing or proposed structures to be housed on the subject property? ☐ Yes --- ☐ No Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What are the wildfire hazard classifications for the subject property, as prepared by the Colorado State Forest Service? \_\_\_\_\_  
\_\_\_\_\_

- 
- 
12. Recommendations concerning fire protection in general, fire protection improvements, suggested road names, for this project are as follows: **NOTE:** Be sure to list type, size and location of improvements recommended (*i.e.; hydrants, water lines, cisterns, dry hydrants, roadway improvements, etc.*). Please indicate whether recommendations or requirements are the result of codes or regulations, and provide supporting information which will assist the Planning Commission and the Board of County Commissioners to determine whether to adopt any or all of the recommendations as requirements of the permit.

---

**Signature and title of Authorized Fire Protection Representative**

---

**Date**

Recorded at \_\_\_\_\_ o'clock \_\_\_\_\_ M.,  
647864 B-1248 P-558 05/21/96 10:55A PG 1 OF 1  
NORMA HATFIELD FREMONT COUNTY, COLORADO

REC  
6.00

DOC  
3.50

MISSA  
1 00  
NOT

### WARRANTY DEED

THIS DEED, Made this \_\_\_\_\_ day of May

19 96, between

of the MICHAEL SEFAKAKIS  
County of

and State of

New York  
Colorado, grantor, and

CORNELIUS MARTIN GUINAN

whose legal address is

of the

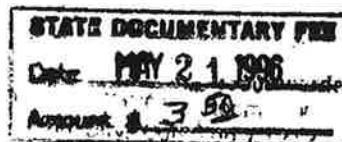
County of

and State of Colorado, grantee:

WITNESSETH, That the grantor for and in consideration of the sum of

Thirty Five Thousand Dollars and no/100 \_\_\_\_\_ DOLLARS.  
the receipt and sufficiency of which is hereby acknowledged, has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell,  
convey and confirm, unto the grantee, his heirs and assigns forever, all the real property together with improvements, if any, situate, lying and being in the  
said County of Fremont and State of Colorado described as follows:

Lot 21 in Block 3 and Lot 11 in Block 4, all in SPRUCE BASIN,  
Filing No. 3, FREMONT COUNTY, COLORADO



### DECLARATION ATTACHED

as known by street and number as:

assessor's schedule or parcel number:

TOGETHER with all and singular the hereditaments and appurtenances thereto belonging, or in anywise appertaining, and the reversion and  
reversions, remainder and remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim and demand whatsoever of the  
grantor, either in law or equity, of, in and to the above bargained premises, with the hereditaments and appurtenances.

957943      Pages: 1 of 1  
01/10/2018 10:51 AM R Fee:\$13.00 D Fee:\$0.00  
Katie E. Barr, Clerk and Recorder, Fremont County, CO

George V. Lawler, Jr.  
Commissioner of the Superior Court

## CO State License for Camp Trident Application Approved.

---

From: Cornelius Guinan (neil.guinan@icloud.com)

To: unionville@sbcglobal.net

Date: Wednesday, June 11, 2025 at 04:58 PM EDT

---

Begin forwarded message:

**From:** CDEC Licensing <cdec\_eclchildcarelicensing@state.co.us>

**Subject: APP-324236 - Application Approved (Do not reply)**

**Date:** March 28, 2025 at 10:42:40 AM EDT

**To:** "neil@camp-trident.org" <neil@camp-trident.org>, "neil.guinan@icloud.com" <neil.guinan@icloud.com>

Hello Applicant,

The application APP-324236 for license # 1722271 and program name Camp Trident was approved. If applicable, you will be receiving a License or a new license sticker for the existing license.

Thanks,  
The Department of Early Childhood



P.O. Box 9  
Cape Charles, VA 23310

23 May 2025

Greetings, Camp Trident is a week long outdoor adventure and leadership camp for teenage boys, 13-18 years old. The camp will be run from 22-28 June 2025. We will have 4-5 staff members with 6-12 campers.

Camp Trident is an IRS approved 501(c)3 non profit and is licensed through the Colorado Early Childhood Development Office. License #1722271.

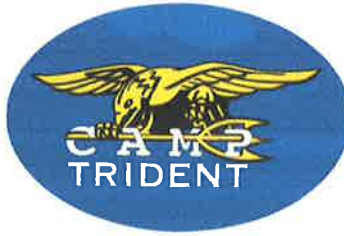
During the camp we enjoy numerous activities to increase self confidence, leadership, initiative, teamwork, accountability and many other beneficial character traits. Several discussions accompany the activities to assist these teenagers excel as young men. Activities may include but are not limited to; Hiking swimming, physical training, rock climbing, rafting, archery, land navigation, camping, and marksmanship training.

For more information you can see our website at: [CAMP-TRIDENT.ORG](http://CAMP-TRIDENT.ORG)

Or free to call Neil Guinan at: (757)647-2719.

  
VR, Neil Guinan  
Executive Director

EXHIBIT: 2.1



P.O. Box 9  
Cape Charles, VA 23310

3 June 2025

## **Fremont County Temporary Use Application**

### **EXHIBIT 2.6 Refuse Disposal Plan**

Camp Trident will have less than 20 people including campers and staff. We will be maintaining a clean and safe environment throughout the duration of the camp. All refuse will be contained in trash bags and brought to the proper facility. Recyclable materials will be separated and also delivered to appropriate facility.

### **EXHIBIT 2.9 Emergency Service Operation Plan**

Should there be any medical emergency our Doctor on staff will assess the situation to determine if a hospital visit is required. Depending on what level of care is needed would determine what facility we would go to.

Please see Exhibit 2.9

### **EXHIBIT 2.10 Event Parking Plan**

Parking for the 4-6 vehicles expected for the event will be in the driveway of the private property where event will be held. SEE ATTACHED SKETCH, EXHIBIT 2.10

### **EXHIBIT 2.11 Drinking Water Plan**

Bottled water and well water will be used for drinking, cooking, and cleaning. Well water test result attached as EXHIBIT 2.11a.

### **EXHIBIT 2.12 Sanitation Plan (Restroom Facilities)**

The cabin on site has a full bathroom, septic tank, in drain field. We also use camp toilettes which are annually inspected by Fremont County Public Health and the Colorado Early Childhood Development office.

All excrement from camp toilettes is double or triple bagged and disposed at proper facility.



## **EXHIBIT 2.13 Concession Plan**

There will be no concessions at Camp Trident.

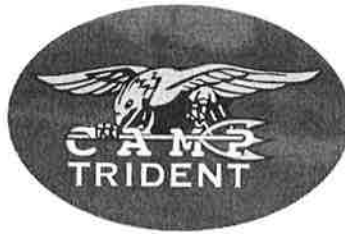
Meals for the staff and campers will be purchased in local restaurants, prepared camping meals, military Meals Ready to Eat, (MREs), or prepared onsite.

**Camp Trident is an IRS approved 501(c)3 non profit and is licensed through the Colorado Early Childhood Development Office. License #1722271.**

For more information you can see our website at: **CAMP-TRIDENT.ORG**

Or call Neil Guinan at: **(757)647-2719.**

  
VR, Neil Guinan  
Executive Director



# Camp Trident Emergency Action Plan

Edited: 1 May 2024

Reviewed: 3 May 2025

## EAP Overview

Camp Trident will always be prepared to respond to threats to the welfare of our campers whether natural occurrences or manmade. Evacuation, Shelter-in-Place, Shooter-on-Premises, and Lost Camper emergency action plans are established as general courses of action in order to respond quickly and effectively to any situations that may arise. The camp director or senior staff person on scene, henceforth referred to as director, will determine the Course Of Action (COA) to be taken in the event of an emergency. The director or senior staff member will weigh risks and benefits associated with each COA before executing his COA. This does not preclude soliciting input from other staff members or outside authorities who may have additional information pertinent to the COA decision, i.e., weather forecasts, local fire authorities, and law enforcement.

The primary COAs for any event will be Evacuate, Shelter in Place, and Lockdown. An Active Shooter scenario will also be discussed which will include combinations of these COAs.

It should be noted that all Camp Trident campers have a whistle secured to their uniform for the duration of camp. Camp Trident campers use the buddy system at all times during camp, meaning they are always to be within six feet of their buddy. In addition, all campers are assigned to a boat crew of 6-8 campers for the duration of camp to enhance the camper's ability to look out for himself, his swim buddy, and his boat crew.

Camp Staff use cell phones and hand held radios for communication and may use airhorns, whistles, or other signaling devices in emergency situations.

This is all good preparation but, other events may occur that are beyond our control, therefore reviewing this EAP prior to each camp is imperative for all staff members, and relating any nuances to the particular location of that camp.

In the event of a Natural Disaster or meteorological event occurs with a level of severity that indicates any level of threat to the campers, the director will weigh the risks and

EXHIBIT 2.9

benefits of Evacuating or Sheltering In Place. Once a decision is made all hands will be mustered and accounted for by mentors, clear and concise updates to the situation and guidance on the plan ahead will be provided to all.

**Summary.** (a) Each camping event has a designated director who supervises the event from beginning to end. (b) Emergency Action Plan procedures are briefed to all staff and campers at Camp Trident commencement, and at the beginning of each scheduled event. (c) Camp Trident's unique military setting and standard operating procedures include frequent camper accountability checks (roll call, muster, formation, head count, etc...) and the enforcement of a camper buddy system to ensure visual accountability. (d) Standard safety equipment issue of all staff and campers include a whistle to call for help.

## **Evacuation**

If Evacuation is determined to be the best COA, campers will be given detailed instruction on what they are to take with them, the timeline for departure, the destination upon departure and the expected travel time.

If appropriate, local authorities will be notified of the movement of our personnel from camp.

Staff mentors will be available to their respective boat crew for any questions during this period to maintain a calm, smooth transition which may otherwise become chaotic.

Mentors will lead their crew to their designated vehicle and get a positive headcount of all of their crew as they load the vehicles.

All vehicles will maintain Standard Operating Procedure (SOP) of two staff members per vehicle, one driver and one to manage campers.

Once all campers are accounted for in the vehicles, the camp director will direct the departure.

Situation permitting all vehicles will maintain a convoy during transit and should any problem occur during transit, i.e., vehicle stuck or accident..., immediately develop contingency plan with the priority effort focused on ensuring campers are clear from any threat.

Upon arrival at the emergency location, and assuming no significant risk to campers in vehicles at the location, one staff member from each vehicle will muster with the director to receive guidance on the occupation plan to ensure it is executed in an orderly fashion.

Full head count of campers and staff will be conducted upon arrival as well.

EXHIBIT 2.9

If appropriate, local authorities will be notified of our arrival at our emergency location.

**Summary.** (a) The director will determine safest method of evacuation (foot or vehicle). (b) At evacuation commencement the director will inform all staff and campers of destination, route, and estimated time of arrival at destination. (c) Conduct camper accountability checks enroute. (d) Notify Law Enforcement Agencies (LEA) as soon as possible and upon reaching destination.

## **Shelter in Place**

If Shelter In Place has been determined to be the best COA, campers will be given detailed updates of the situation and the possibly restrictions placed on their activities for the duration of the emergency. Safety guidelines will be reiterated to all including the importance of knowing where your buddy is at all time.

If appropriate local authorities will be informed of our situation.

The nature of the event may require all persons to move to a hardened shelter for the duration of the situation.

The situation will be reevaluated as needed and should something change, the COA chosen may change.

Safety of campers, threat situation, water supply, food supply, and other situational factors will all be reviewed throughout the duration of emergency.

**Summary.** (a) Each camping site has a designated shelter-in-place location. (b) Prior to camp commencement and prior to a scheduled camping event the director will designate a shelter-in-place location. (c) The director will consider the number of staff and campers, and the protection characteristics of the shelter-in-place location to ensure its suitability for the emergency situation occurring. (d) Conduct personnel accountability and notification of LEA as required.

## **Active Shooter on Premises**

Active shooter on premises may be a very fluid and extremely dangerous situation.

Once a shooter is detected, 911 to local law enforcement is step one.

The staff will do whatever they can to protect the campers.

This may include but not limited to:

Lead or direct as many campers as possible to an area away from where the shooter was known or believed to be.

EXHIBIT 2.9

If a secure hardened structure is an option for locking down, that may be used.

If some cadre can control and protect campers, other cadre may try to deter or slow the advance of the active shooter by whatever means necessary.

Throughout the event, safety of and accounting for campers will be the highest priority.

Once law enforcement officials have determined the area is clear and safe; immediately muster and get a good headcount by boat crews. Stay together and follow instructions of cadre and law enforcement officials.

**Summary.** (a) Director will conduct immediate action safety assessment in order to move campers safely away from a shooter-on-premises, and to quickly get campers to a hardened shelter using best cover and concealment practice. (b) Conduct personnel accountability and notification of LEA ASAP.

## **Lost Camper**

A lost camper during any evolution or phase of camp will require a consolidated effort on the part of the staff and campers.

Conduct immediate search of vicinity where camper was last seen. Ask swim buddy for information on last sighting. Note location and time of last sighting.

Conduct muster and headcount to determine who is missing.

Inform local authorities as appropriate.

Have medical personnel standing by in case of medical emergency.

Depending on size of area where camper(s) went missing, weather, other safety considerations, break into search parties led by cadre and include campers if appropriate and determine methodology for search.

Each search party will have communications plan, lost comm plan, and drop dead time.

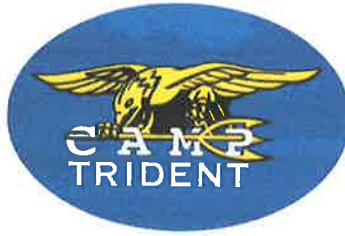
Campers will be have been instructed to remain where they are if they are ever separated from their buddy, the group, or lost. They will also be instructed to use there whistle as a signaling device should the need arise.

When camper is located immediately inform all search parties, authorities, and medical professional of status.

**Summary.** (a) An immediate search will be conducted at location of last sighting. (b) Conduct muster of all campers to determine who is missing. (c) Notify local authorities

and organize search parties. (d) Search and locate lost camper. (e) Ensure all parties involved are notified when camper is found.

**EXHIBIT 2.9**



## **EMERGENCY CONTACT LIST**

### **Emergency 911**

### **Fire 911**

**Deer Mountain Fire Protection District 719-942-9610**

### **Ambulance 911**

**Deer Mountain Fire Protection District 719-942-9610**

**National Poison Control Center 1-800-222-1222**

### **Hospital, Saint Thomas More 719-285-2000**

Directions: Take 50 East for 32 miles to Canon City, then turn left on South 15th St., proceed .7 miles to Phay Ave. and turn left, hospital is on left at 1338 Phay Ave. Canon City CO xxxxx

### **Sheriff 911,**

**Fremont County Sheriff's Department 719-276-5555**

**Colorado State Patrol 719-784-3275**

**Colorado State Forest Service 719-539-2579**

**7980 US-50, Salida, CO 81201**

**U.S. Department of Forestry 719-539-3591**

**Salida Ranger Station 5575 Clear Road, Salida, CO 81201**

**CO Dept of Human Services 303-866-5958**

*EXHIBIT: 2.9*

From: Cornelius Guinan neil.guinan@icloud.com

Subject: Sketch of Camp 2023.

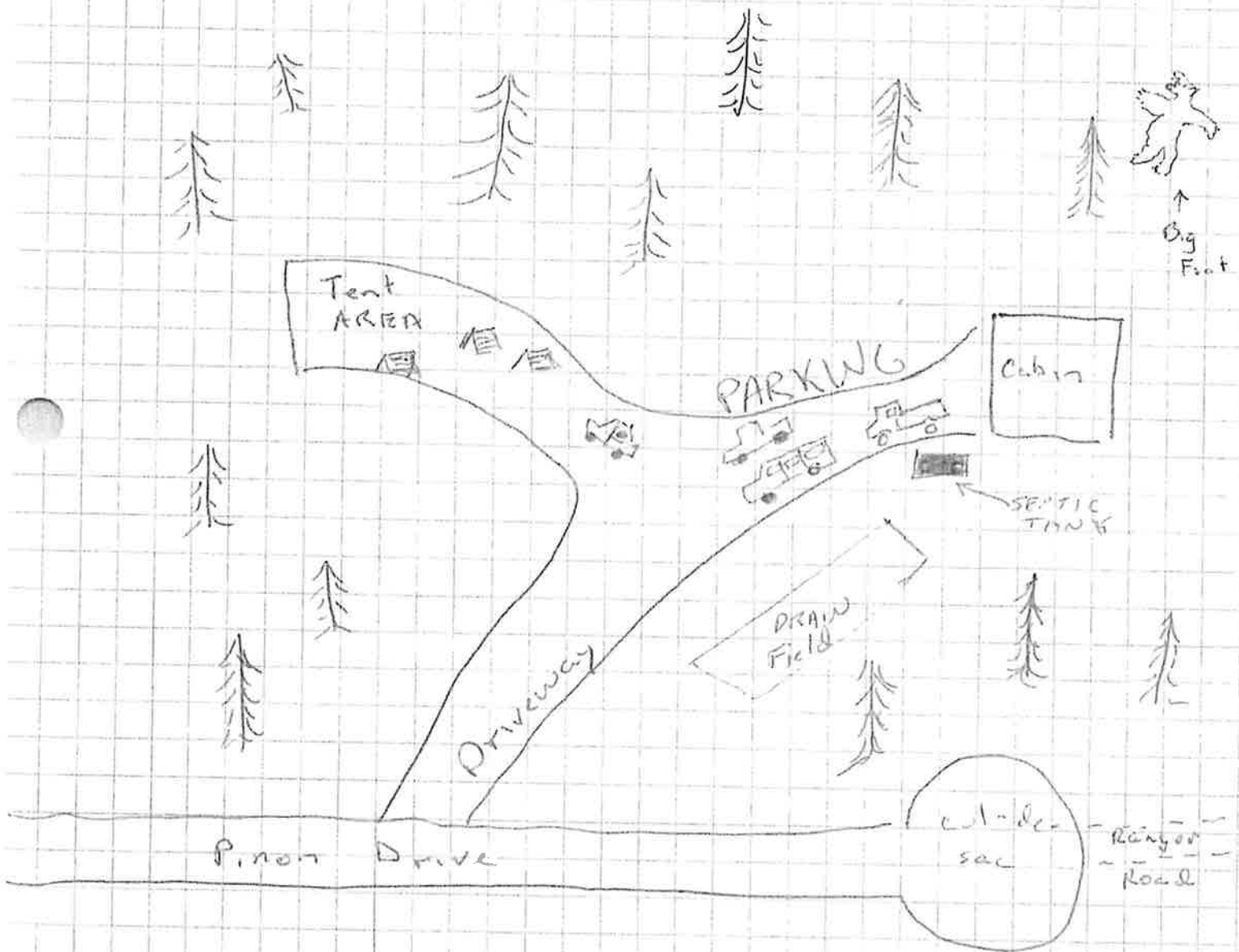
Date: July 20, 2023 at 3:59 PM

To: Dan Victoria dan.victoria@fremontco.com, Joanne Kohl joanne.kohl@fremontco.com

Cc: Mike Fowler mike.fowler@fremontco.com

## SKETCH OF CAMP AREA

Sketch of Camp 2023.pdf



0785 PINON DRIVE

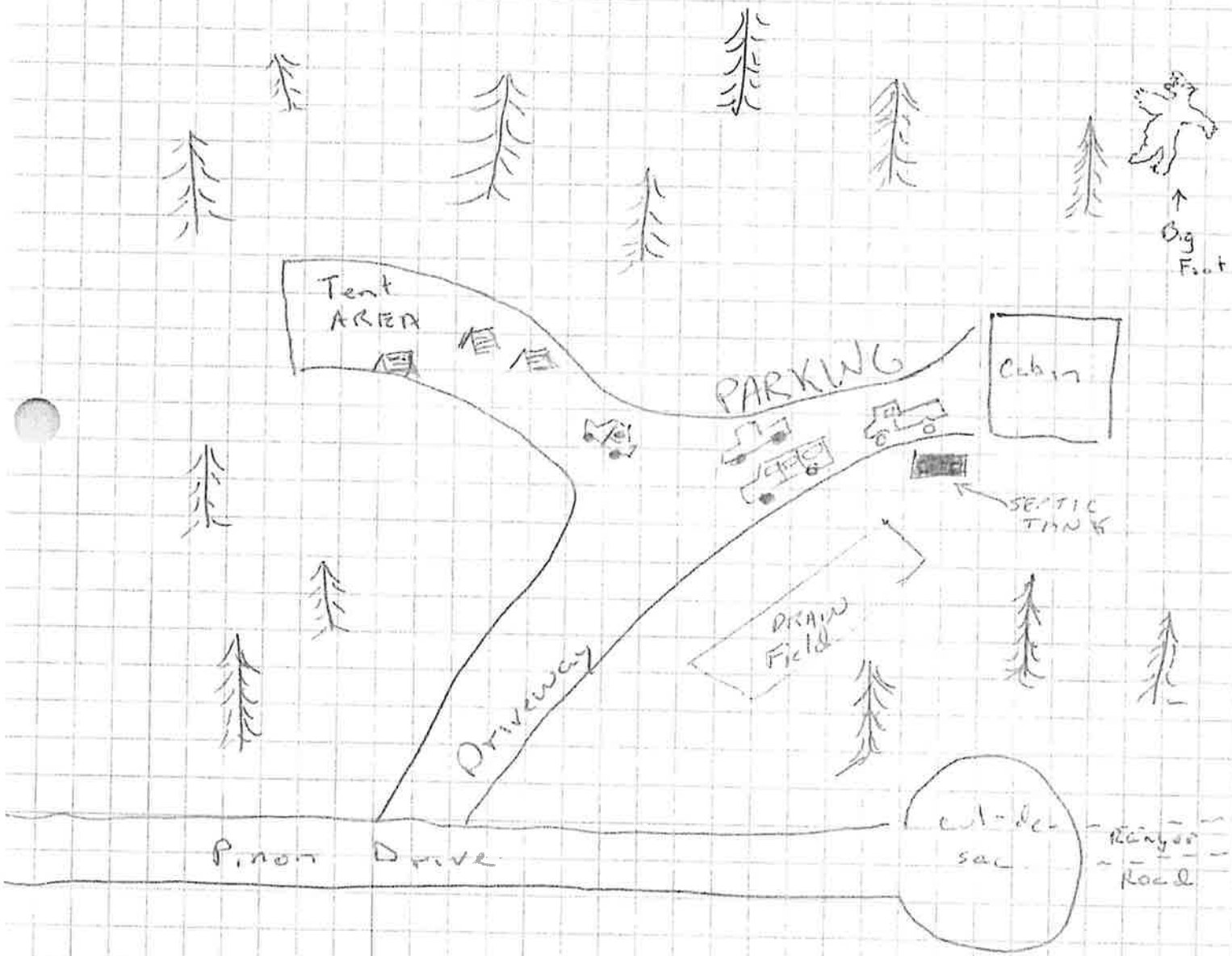
Site Plan  
EXHIBIT: 2.10



From: Cornelius Guinan neil.guinan@icloud.com  
Subject: Sketch of Camp 2023.  
Date: July 20, 2023 at 3:59 PM  
To: Dan Victoria dan.victoria@fremontco.com, Joanne Kohl joanne.kohl@fremontco.com  
Cc: Mike Fowler mike.fowler@fremontco.com

# SKETCH OF CAMP AREA

Sketch of Camp 2023.pdf



8785 PINON DRIVE

Site Plan  
EXHIBIT: 2.10

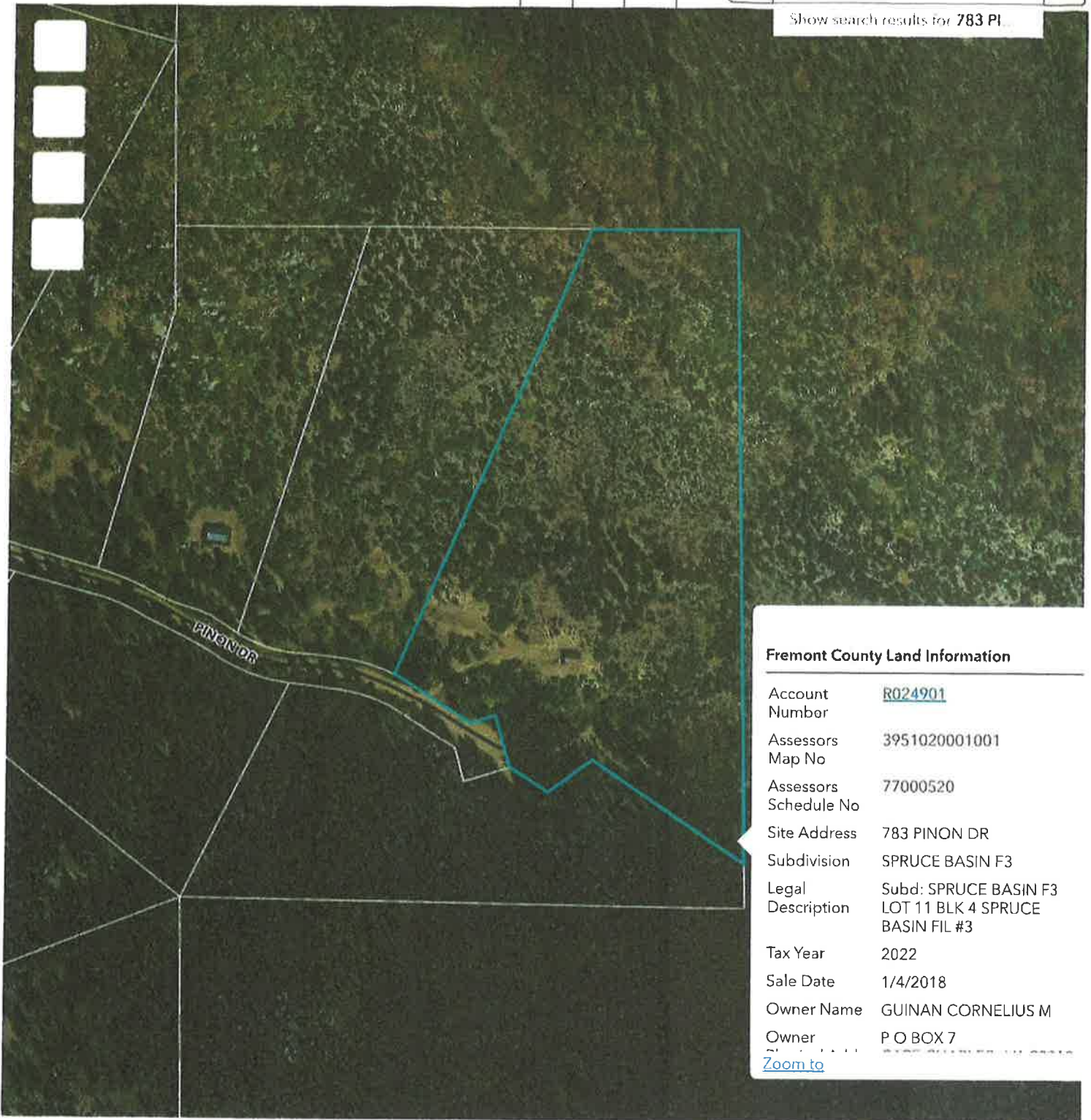


## FC Parcel Viewer

Fremont County Parcel Viewer

▼ 783 PINON DR X Q

Show search results for 783 PI...



## Fremont County Land Information

Account Number	<a href="#">R024901</a>
Assessors Map No	3951020001001
Assessors Schedule No	77000520
Site Address	783 PINON DR
Subdivision	SPRUCE BASIN F3
Legal Description	Subd: SPRUCE BASIN F3 LOT 11 BLK 4 SPRUCE BASIN FIL #3
Tax Year	2022
Sale Date	1/4/2018
Owner Name	GUINAN CORNELIUS M
Owner	P O BOX 7

[Zoom to](#)



0 150 300ft

EXHIBIT: 2.10  
VICINITY

## Bacteriological Analysis Results

### Results for

☐ Effluent/Non-Potable Water ☐ Public Water Systems ☐ LT2 ☐ Private Colilert ☒ Private Quanti-tray

C. Guinan  
C. Guinan  
PO Box 7  
Cape Charles VA 23310

### Sample Information

Sample: 25-2294	PWSID:	System Name:
Collector: C. Guinan	Date: 05/20/2025	Time: 12:01 PM Sampling Point ID:
Address: 785 Pinon Dr. Cotopaxi, CO	Sample Site Location: Kitchen Sink	County: Fremont
Analysis Method: 9223		Fee for Sample: \$23.00
Chlorine Residual:	Purpose: Special Purpose	

### Received By

Received By: Rebecca Aguilar Date: 05/20/2025 Time: 02:58 PM

### Results

Total Coliform: Absent E.coli Result: Absent <1 Total coliform/ E.coli per 100mL  
Date: 05/21/2025 Time: 03:02 PM Analyst: Taylor Maez  
Comments:

### Note

Pueblo Department of Public Health and Environment Laboratory is certified by the Colorado Department of Public Health and Environment under primary agreement with the US Environmental Protection Agency to analyze water for coliform bacteria.

Listed below are explanations for the three possible outcomes for results.

Absent means compliance with federal EPA drinking water standards for coliform bacteria.

Total coliform presence with absence of E. coli indicates contamination from a non-warm blooded source such as soil, tree roots, leaves, etc. This does not indicate contamination from fecal material of warm-blooded animals. Treatment of water supply is recommended. Instructions are included for your information.

Total coliform presence with E. coli presence indicates contamination from fecal material of warm-blooded animals. Treatment of water supply is recommended. Instructions are included for your information.

Results Information: This analysis is for coliform bacteria only no chemical analysis was performed. For further testing please contact a laboratory certified by the Colorado Department of Public Health and Environment for water chemistries. Please visit <https://cdphe.colorado.gov/dwlab> for a list of laboratories. For a complete list of analyses performed by the CDPHE laboratory and pricing, please visit <https://cdphe.colorado.gov/dwinfo>.

For further information regarding this analysis, please call 719-583-4318.

EXHIBIT: 2.11a



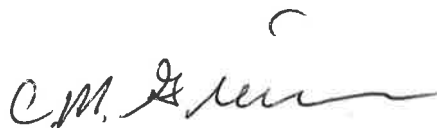
P.O. Box 9  
Cape Charles, VA 23310

May 25, 2025

Fremont County  
Board of Commissioners  
Canon City, CO 81212

Greetings, I am writing to request a waiver of the Surety Bond for Camp Trident. The camp will only consist of 16-20 people in total and all areas will be thoroughly cleaned and maintained during and after the event. A big part of camp is teaching the campers to be responsible for themselves, their teammates, and the environment. In addition, the event is being held on private property which is owned by the applicant.

Thank you for your consideration of this request.

  
VR, C. M. Guinan

**Exhibit 3.3**