

# Custer County Planning and Zoning Office

## Special Event Permit Application

Submit this application and all required attachments along with the \$ 50.00 (administrative) or \$300.00 (public hearing) application fee (non-refundable fee) at least **60 days** prior to the event. The application will not be accepted unless completed, including attachments. At the discretion of the Planning & Zoning Office, some applications may require approval by the Planning Commission and the Custer County Board of County Commissioners at a public hearing.

A special event shall not occur more than two times per year on the same parcel, be limited to one (1) to four (4) consecutive calendar days, and have limited impacts beyond parcel boundaries. The following are requirements for a Special Event Permit (be aware there are other requirements found in the Custer County Zoning Resolution Section 10.10, but these are the most common):

- Event may not exceed four (4) days.
- Sanitation Facilities, in accordance with State sanitation requirements.
- Notification to the appropriate agencies
- All animals must be kept under control at all times during the event.
- Notification of any department impacted by the event, as determined by the Planning and Zoning Office.
- NO FIREWORKS OR PYROTECHNICS.**
- Law enforcement services will be charged at a rate negotiated with the agency and only if resources permit. The Sheriff reserves the right to place officers and staff at the applicant's expense as deemed necessary.

In order to obtain a Special Events Permit, the applicant must submit the following attachments as per 1-7 below:

- \_\_\_\_\_ 1. Plot Plan detailing the dimension, location and relationship to the property boundaries of all structures existing or temporary; roadways and parking to include the number of off-road parking spaces; sanitary facilities; well locations; natural features; traffic patterns; location of trash receptacles; and location of emergency services (if applicable).
- \_\_\_\_\_ 2. Written description of the proposed event to include: Written permission from the landowner, if applicable.; Explanation of the event and the duration of the event.; Number of expected people who will be at the event.; Explanation of the potable water source and sanitation.; A written explanation of the methods to be used to minimize smoke, odors, noise, dust, trash removal, and similar environmental problems which might result from this event.; Site clean-up and disposal plan to include completion time.; and Explanation of the signage, roads and trails that will be used.
- \_\_\_\_\_ 3. Traffic Control Plan and course map, if applicable.
- \_\_\_\_\_ 4. Proof of the ability to obtain liability insurance. Once the Special Event Permit is obtained, a certificate of the liability insurance must be submitted to the Planning and Zoning Office within 10 working days of the approval.
- \_\_\_\_\_ 5. Proof of notification to appropriate agencies that this event will have the proper service and the service will be compensated for.
- \_\_\_\_\_ 6. Provide proof that all federal, state, and local permits and licenses are obtained. .
- \_\_\_\_\_ 7. If a public hearing is required, the adjoining property owner's written comments must be submitted to the Planning and Zoning Office 30 days prior to the public hearing.

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Land Owner \_\_\_\_\_  
All land owners must be listed on this application. TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_

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Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_

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Name of sponsoring organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_

Type of activity \_\_\_\_\_

Date(s) and event schedule \_\_\_\_\_

Legal description of property \_\_\_\_\_

Event site address \_\_\_\_\_

Schedule Number \_\_\_\_\_

(Assigned by the County Assessor's Office - Shown on the Tax Bill)

**Complete the following in detail. If an item does not pertain to your event, please mark N/A**

Cell Phone, Radio Frequency or other means of contact **during** the event \_\_\_\_\_

Estimated number of people involved (including participants, event staff, and spectators) \_\_\_\_\_

Are you planning to erect temporary structure(s)? If so, describe size, type, purpose, etc \_\_\_\_\_

Will any food be sold? \_\_\_\_\_ If YES, the applicant will provide the Planning and Zoning Office a copy of the food service permit.

Will alcoholic beverages be dispensed at your event? \_\_\_\_ If YES, the applicant will provide the Planning and Zoning Office a copy of the liquor license.

Are you requesting the use of any county properties (parks, trails, etc.)? \_\_\_\_\_ If YES, the applicant will provide the Planning and Zoning Office a copy of the written approval from the Board of County Commissioners.

If the event involves movement (e.g. parade, foot race, etc.,) attach a map describing the route to include the start and finish location and the dates and times the roads will be closed. Provide the Planning and Zoning Office a copy of the written approval of the road closures from the appropriate authority. The applicant shall publish in a newspaper of general Custer County circulation a public notice of road closures at least fifteen (15) days prior to the closure.

Will shuttle service be provided? \_\_\_\_\_ If YES, please attach a description of the shuttle plan and methods to be used to encourage use.

Applicant is expected to provide security, traffic and parking control. State approximately how many personnel will be provided and by whom? \_\_\_\_\_

Provide the number and size of vehicles and equipment planned to stage the event \_\_\_\_\_

Is the use of aircraft requested for any aspect of the event? \_\_\_\_\_ If YES, attach a description of use.

How many portable toilets and hand-washing stations will be used \_\_\_\_\_ . Provide location of portable toilets and hand-washing stations on the plot plan.

Describe types of trash/recycle containers to be used. How many? \_\_\_\_\_ Please provide location of trash receptacles on the plot plan.

**Contact Information**

Custer County Planning and Zoning	719-782-2669	Wetmore Fire Department	719-784-3172
Custer County Clerk	719-783-2441	Colorado Department of Transportation	719-546-5403
Custer County Sheriff	719-783-2270	Colorado State Highway Patrol	719-276-7440
Custer County Road and Bridge	719-783-2281	Division of Wildlife Local Officer	719-429-0196
Custer County Commissioners	719-783-2552	US Forest Service	719-269-8702
Food Service/ Health Dept.	719-738-2650	Bureau of Land Management	719-269-8500
Wet Mountain Tribune	719-783-2361	Custer County Medical Clinic	719-783-2380
Wet Mountain Fire Protection District	719-783-9245	Custer County Airport Authority	719-783-0182
Rye Fire Protection District	719-676-3522	Web-site: custercountygov.com	

Appropriate Agencies Sign-off Sheet. Notify as checked below by office.

Office use only	Agency	Approved/Denied	Comments/Conditions	Title	Date	Signature
	Custer County Sheriff's Department	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Custer County Road and Bridge	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Board of County Commissioners	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Appropriate Fire Agency	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Colorado Department of Transportation	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Colorado State Highway Patrol	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Division of Wildlife	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	US Forest Service	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Bureau of Land Management	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				
	Custer County Medical Clinic	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A				

I certify that I am the authorized representative of \_\_\_\_\_ and have the power to execute this application on behalf of the above-named organization. All of the above statements are true to the best of my knowledge, information and belief. I acknowledge that this special event permit shall be subject to the following restrictions.

- A. The County may revoke this special event permit prior to or during the event if the applicant violates any of the conditions or requirements of the permit.
- B. The County may require the applicant to have a debriefing session with referral agencies, affected citizens and other interested/involved parties to address issues that arose during the event.
- C. The County may require the applicant to post financial security to ensure compliance with any of the conditions or requirements of the permit. The authorized individual is financially responsible.
- D. If a major incident or emergency occurs in the County during the event, the appropriate agencies reserve the right to remove any and all emergency medical, fire and law resources from the event.
- E. The applicant shall adhere to all representations made in the application.
- F. The applicant will be responsible for any additional fees for professional services, public notices and postage.

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Address \_\_\_\_\_

Signature of Land Owner \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Address \_\_\_\_\_

Office Use Only: \_\_\_\_\_ Schedule Number \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Copy of application sent to applicant: \_\_\_\_\_

Plot plan verified \_\_\_\_\_ Easements checked \_\_\_\_\_ Existing?  Yes  No  
If yes, attach description from plat or covenants

Status of sanitary facilities \_\_\_\_\_ Status of potable water \_\_\_\_\_

Is parking adequate?  Yes  No Is site adequate for event?  Yes  No

Office approval \_\_\_\_\_ Date \_\_\_\_\_

Attach a copy of the conditions

Date forwarded from office to the Planning Commission \_\_\_\_\_

Site Tour Date: \_\_\_\_\_ Time: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Public Notice sent to newspaper \_\_\_\_\_ Published \_\_\_\_\_

Adjoining property owners notified \_\_\_\_\_ Overhead projector cells made \_\_\_\_\_

Authorization to act received \_\_\_\_\_

Is location within 5 miles of a recognized fire station?  Yes  No

Comments \_\_\_\_\_

Application approved date \_\_\_\_\_ Denied date \_\_\_\_\_