



Town of Grand Lake

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GREENWAY OBSTRUCTION APPLICATION

PROPERTY LOCATION:

Street Address: _____

Legal Description: Lot _____ Block _____ Subdivision _____

PROPERTY OWNER INFORMATION:

Name: _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

APPLICANT INFORMATION: Is the Applicant the Property Owner? YES NO

Name: _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

CONTACT INFORMATION: Is the Contact Person the Applicant? YES NO

Contact Person (if not Applicant): _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

REQUIRED INFORMATION CHECKLIST:

Cover Letter

Site Plan (that displays the business linear frontage, the proposed surface landscaping materials, size and location of proposed and existing obstructions and a picture of the proposed obstruction.)

AFFIDAVIT:

BY MY SIGNATURE, I attest that the information contained or attached to this application is true and correct to the best of my knowledge. I further understand that submission of false or misleading information shall be sufficient cause for the Special Use Permit to be revoked immediately without notice or hearing.

Print Name: _____

Signature : _____ Date: _____

STAFF USE ONLY

Application Received By: _____ Date & Time: _____