



Town of Grand Lake

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GREENWAY OBSTRUCTION APPLICATION

It is the policy of the Town to promote the flow of pedestrian traffic with proper ingress and egress throughout the greenways, as well as to ensure the aesthetic quality of same (M.C.11-4-9).

PROPERTY LOCATION:

Street Address: _____
Legal Description: Lot _____ Block _____ Subdivision _____

PROPERTY OWNER INFORMATION:

Name: _____ Email: _____
Mailing Address: _____ Phone: _____

BUSINESS OWNER INFORMATION:

Name: _____ Email: _____
Mailing Address: _____ Phone: _____

CONTRACTOR INFORMATION: Current Grand Lake Business License yes no

Contractor Name: _____ Email: _____
Mailing Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Important Notice: All obstructions, whether permanent or temporary, are reviewed on a case-by-case basis to determine whether or not they will be permitted. Obstructions that are in direct line of snow shed, municipal utilities, or will interfere with municipal or utility uses of the greenway must be temporary obstructions only.

REQUIRED INFORMATION CHECKLIST:

- Cover letter
- Site plan that displays the business linear frontage
- Size and location of proposed and existing obstructions (can be shown on site plan)
- The proposed surface landscaping materials
- Picture of the proposed obstruction
- Please check here if your business has a current liquor license and you are requesting to extend that liquor boundary. You are not permitted to serve liquor in any area outside of your liquor boundary. There are further state requirements that must be met in order to have final approval for this process. To learn about these requirements, and what steps to take, you will need to contact the Town Clerk for further instruction.

AFFIDAVIT:

BY MY SIGNATURE, I acknowledge that the above information is correct to the best of my knowledge and agree to comply with the Greenway Obstruction Code Regulations of Section 11, Article 4 of the Grand Lake Zoning Regulations. 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: _____
Type of obstruction: _____ Size: Width _____ ft. Length _____ ft. Total Area _____ sf
Total number of obstructions for this business (proposed and existing): _____ Temporary Permanent Permit expiration date _____