



DENVER THE MILE HIGH CITY

Street Occupancy Request Sheet

City and County of Denver Public Works Permit Operations 2000 West 3rd Avenue, Room 107 Denver, CO 80223-1027 Telephone: (303) 446-3759 www.denvergov.com/bwpermits

Attn: _____

All Faxes received by Transportation Planning & Engineering/ROW permit desk must contain the following information, in the order described, to better accommodate your request for a Street Occupancy Permit (If applicable, Street Cut Permit(s) will be issued only when the approved Street Occupancy Permit is picked up by the permittee, and not before) . Submit one request form for each street occupancy location only! For multiple street cuts in a single area (onestreet block) , use one request form only.

Note: Minimum Review Time For Occupancy Permits is 5 business days.

Submit This Form & Traffic Plan to: Email - WMDPWDESCE@Denvergov.org or Fax - (303) 446-3442

**All Information is required and must be completed prior to submission of Request for Street Occupancy. ** (Please Print All Information).

Company Name: _____ Contractor License #: _____
Company Address: _____
Contact's Name: _____ Cell Phone: _____
Contact's Email: _____ Off Phone: _____

Street Occupancy Location: _____
Purpose: _____
Requested Dates: _____ To _____ Requested Times: _____
City of Denver Project #: _____ City Agency & Contact: _____
ROW Cut Request: [] Street [] Alley [] Sidewalks [] Tree Lawn
Cut Size/Quantity: _____

Table with columns for Parking Meters (Yes/No), Meter #s, # of Meters, x # of Days, 1, x Price, =, \$0.00. Includes Bag Type (Yellow bag, Red Bag, Meter Head Removal) and Yellow Bag Meter Label.

Additional Comments: _____

**Any modification after approval of original permit will require a resubmittal .

For City Use Only: Do not write below line.

Status: [] Approved [] Denied
Assigned Dates: Start: _____ Finish: _____
Allowed Work Times: _____ AM/PM To _____ AM/PM
Police Required: _____ Flagger Required: _____
Reason: _____

Inspection District: _____ Price: _____

ACTION: [] Distribute to Inspector [] Distribute to Permit Counter
[] FAX or Email to Applicant [] Other _____

TCS / Engineer's Signature _____ Date _____ Permit Number _____