



# Special Event, Filming, & Parking Meter Permit Request

City and County of Denver  
Office Of Public Works  
2000 West 3rd Ave  
Denver, CO 80223  
Telephone: (303) 446-3759  
www.denvergov.com

**DENVER**  
THE MILE HIGH CITY

Attn: \_\_\_\_\_

All Faxes received by Office of Public Works must contain the following information, in the order described, to better accommodate your request for a **Filming, Special Event & Parking Meter Permit**. (If applicable, *Parking Meter 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!

**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. \*\***  
(Print or Type all information please).

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Requested Dates: \_\_\_\_\_ To \_\_\_\_\_ Requested Times: \_\_\_\_\_ To \_\_\_\_\_  
 Special Event Name: \_\_\_\_\_  
 Requested Locations: \_\_\_\_\_

**Is Denver Police Being Used To Control Traffic?**  Yes  No

Project Type:  Special Event  Filming  Parking Meters  
 (Check All That Apply)  Other If Other (explain): \_\_\_\_\_

**Parking Meters Numbers: (Please List Here)**

Discount Meter Request:	_____	
<input type="checkbox"/> Yes	_____	
<input type="checkbox"/> No	_____	
If Yes, Copy of 501(c) 3 Required	<input type="checkbox"/> Red Bag (No Parking At All)	<input type="checkbox"/> Yellow Bag (Specific Vehicles Only)

**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 \_\_\_\_\_