949 N. 2nd Street
Montrose, CO 81401
Phone: (970) 249-6688

MONTROSE COUNTY ACCESS PERMIT

Access Permit # _____
Building Permit # _____
Fee: _____
Received By: _____

SITE ADDRESS _____

Owner's Name: _____ Phone: _____

Mailing Address: _____ Subdivision: _____ Lot # _____ Lot Size: _____

_____ New Address Required: ☐ No ☐ Yes (Separate form required)

Contractor: _____ Phone: _____

Owner/Applicant: _____

Signature Date

Upon the signing of this permit the applicant agrees to the Terms and Conditions (on reverse) and referenced attachments contained herein.
CONSTRUCTION SHALL NOT BEGIN UNTIL THE APPLICANT MEETS WITH THE COUNTY INSPECTOR

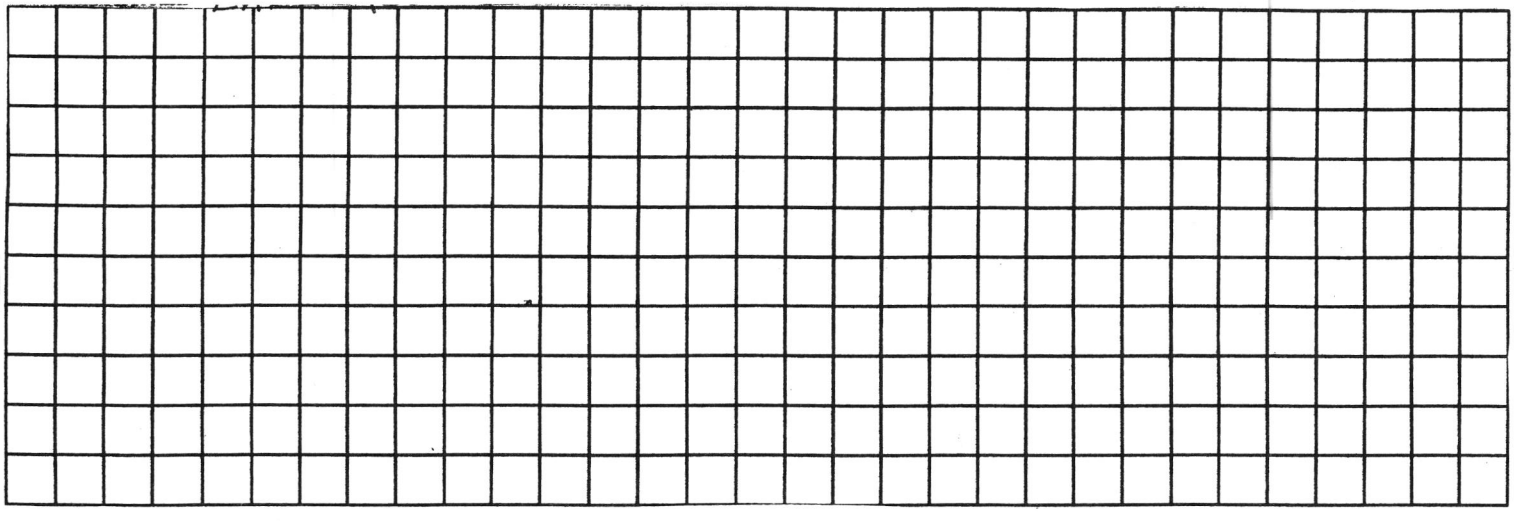
PERSON AND PHONE # FOR COUNTY INSPECTOR TO CONTACT _____

TO BE FILLED IN BY COUNTY

☐ **NEW DRIVEWAY**
- ☐ Industrial/Commercial
- ☐ Residential (1 2 or 3 Family)
- ☐ Land Access

☐ **NEW ROAD/STREET**
- ☐ Arterial
- ☐ Collector
- ☐ Local

INTERSECTING ROADS/STREET
- ☐ Arterial
- ☐ Collector
- ☐ Local



Driveway Location: _____ CMP Diameter: _____ CMP Length: _____

Embedding Material: _____ Embedding Depth: _____ Grade @ Road Surface: _____

Access Surface: _____ Sight Distance: _____ Access Spacing: _____

Access Width: _____ Access Radii: _____ Entering Sight Distance: _____

Signage Installed ☐Yes ☐No Accel/Decel Lanes Required? ☐Yes ☐No Access Volume: _____ ADT ☐ DHV ☐

Evidence of legal right to access provided ☐Yes ☐No Scheduled Work Dates: Start _____ End _____

Comments: _____

_____

Plans and specifications given above are approved for installation: _____
Inspector Date

Installed system complies with approved plans and specifications: _____
County Inspector Date