



PUBLIC WORKS DEPARTMENT

340 W Hwy 291
Mailing Address: 448 E. 1st St, Suite 112
Salida, CO 81201
Phone (719) 539-6257

Landscaping Permit

Please Print

APPLICANT: _____

Property Owner **Agent**

ADDRESS: _____

_____ **PHONE** _____

I have received the corresponding brochure **YES** **NO**

_____ **Permit Signature**

Location of Work _____

Contractor Name **SELF** **OTHER**

Name: _____

Address: _____

Phone: _____

Date Work is to be started _____

Date Work is to be Completed _____ (30 Days after start)

Expected Road Closure **YES** **NO** **Insurance required** **YES** **NO**

Note: Property Owner is the Applicant and is responsible for satisfactory completion of work. If a Contractor performs the work, the City views that Contractor as a Sub-contractor for property owner.



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LANDSCAPING PERMIT
INSPECTION LIST

Preliminary Inspection Date _____ Inspector _____

Notes: No concrete or rocks larger than 2” allowed in parkway

Permit Signature _____ OK to Proceed _____

Final Inspection Date _____ Inspector _____
Approved YES NO

Notes _____

If Not Approved
Follow up inspection Approved YES NO

Warranty period due _____ (one year after inspection)

VIOLATIONS

If any violations of any of the above-mentioned foregoing provisions occur, the Permitted, in whose name the permit was granted, will be denied any further permits until violations have been corrected. Contractors found in violation of any of the above mentioned provisions shall be on a two-strike system, in which two violations in a rolling 12-month period shall place the contractor on a “No permit issued list” for the term of one year. Anyone who does not obtain a permit prior to work beginning will be charge a fine of \$50.00 per occurrence.