An access permit is required any time permission is needed to cross the City & County of Broomfield (CCOB) greenbelts, parks, open space, or other publicly owned lands. An access permit does not allow the temporary storage of any construction-related materials on CCOB property at any time.

**TERMS AND CONDITIONS**

1. An Access Permit must be applied for a minimum of 48 business hours before any work may begin to allow for an inspection check-list and for processing of the permit to occur.

2. The application is to be filled out by the responsible person - contractor/homeowner - doing the work.

3. The contractor and/or the homeowner is responsible for all utility locates and any damage to the area which is accessed. Please call 811 a minimum of 48 hours prior to the start of work.

4. This permit is only valid for 15 days and must be re-approved if an extension is needed.

5. All repairs to damaged city property must meet the current City and County of Broomfield Standards and Specifications. The City and County of Broomfield (CCOB) may require repairs to be made by a qualified individual or contractor.

6. If proper repairs are not made within 30 days after project completion, the City and County Broomfield reserves the right to perform the repairs and bill the homeowner.

7. There are no fees for an Access Permit.

8. The attached Access Permit Checklist and Access Permit Conditions are incorporated into this permit.
Applicant’s name:________________________________________________________

Address:________________________________________________________________

Location of proposed work:________________________________________________

Owner phone number: _____________________ Work number: _________________

E-mail address: ___________________________________

Address/location of proposed access point: __________________________________

Purpose for crossing City and County of Broomfield property: ___________________

__________________________________________________________________________

List all types of equipment being used for the project to cross CCOB property: _____

__________________________________________________________________________

Contractor name (if used): _________________________________________________

Contractor Information:

Address: __________________________________________________________________

Phone number: ________________________ Cell number: __________________________

E-mail address: ___________________________________

City License #: _____________ CCOB Building Permit #: _________________________

Date(s) Permit is needed: ________________________________________________

__________________________________________________________________________
Pre-approval checklist (CCOB representative)

Items To Check Before Access Is Granted:

CCOB Irrigation Marked?  Yes [ ] No [ ] Comment: _______________________

Turf/Landscaping Damage: Yes [ ] No [ ] Comment: _______________________

Concrete Damage: Yes [ ] No [ ] Comment: _______________________

Tree Damage: Yes [ ] No [ ] Comment: _______________________

Fence Damage: Yes [ ] No [ ] Comment: _______________________

Other Damage: Yes [ ] No [ ] Comment: _______________________

Conditions Wet [ ] Dry [ ] Yes [ ] No [ ] Comment: _______________________

Pictures Taken: Yes [ ] No [ ]

811 Contacted by Homeowner/Contractor?: Yes [ ] No [ ] Comment: ________________

Homeowner/Contractor approval of above issues Yes [ ] No [ ]

Homeowner Signature _________________________________ Date ________________

Comment: __________________________________________________________________________

____________________________________________________________________________________

ACCESS PERMIT APPROVAL/DENIAL

Access as Described Above Is: Approved [ ] Denied [ ]

Special Conditions or Comments: __________________________________________________________________________

____________________________________________________________________________________

Inspected for CCOB By: Signature ______________________________ Date: __________

___________________________ 
Title

Valid for 15 days: Expires on: Date: __________
Items To Check After Work is Completed (CCOB representative):

CCOB Irrigation Damage? Yes [ ] No [ ] Comment: _______________________

Turf/Landscaping Damage: Yes [ ] No [ ] Comment: _______________________

Concrete Damage: Yes [ ] No [ ] Comment: _______________________

Tree Damage: Yes [ ] No [ ] Comment: _______________________

Fence Damage: Yes [ ] No [ ] Comment: _______________________

Other Damage: Yes [ ] No [ ] Comment: _______________________

Conditions Wet [ ] Dry [ ] Yes [ ] No [ ] Comment: _______________________

Pictures Taken: Yes [ ] No [ ]

Homeowner/Contractor acknowledgment of above issues Yes [ ] No [ ]

Homeowner Signature ___________________________ Date _______________
Comment: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

Inspected for CCOB By: Signature ___________________________ Date: ___________
___________________________
Title

Comment on area after repairs are completed: __________________________________
________________________________________________________________________
________________________________________________________________________

RETURN COMPLETED FORMS TO:

City & County of Broomfield, Park Services
3001 W. 124th Avenue
Broomfield, CO 80020

Phone: 303-460-6960
Fax: 303-469-1517
Email pdf: Parks@broomfield.org