



## JEFFERSON COUNTY PUBLIC WORKS SPECIAL USE PERMIT REVIEW FORM

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Name of Group (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HWC Phone #:( ) \_\_\_\_\_ HWC Phone #: ( ) \_\_\_\_\_

Reason for Permit: \_\_\_\_\_

\_\_\_\_\_

Area for Permit: \_\_\_\_\_

Date(s) for Permit \_\_\_\_\_

Proof of Insurance: ☐ Yes ☐ No

Name of Insurance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ Permit Issued: Date of issue: \_\_\_\_\_

☐ Permit Denied: Reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ More information needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

County Representative: \_\_\_\_\_