



DEPARTMENT OF PLANNING SERVICES  
124 10<sup>th</sup> STREET  
P.O. BOX 775088  
STEAMBOAT SPRINGS, COLORADO 80477  
(970) 879-2060

## USE WITH CRITERIA (CR) CHECKLIST/APPROVAL FORM

A completed Application Form must accompany this form.

### TEMPORARY EVENT

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name/Address/Phone (If different from applicant): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning: \_\_\_\_\_

Address/Legal Description of CR: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Temporary Event: \_\_\_\_\_

Are the following attached:

- Submittal requirements:  Yes  No

The proposed **TEMPORARY EVENT** use meets all of the following criteria:

\_\_\_\_\_ Review shall be prior to development or building permit, as applicable. (Note: If the temporary event is obtaining approval of a Special Activity Permit from the City Clerk, the event is not required to obtain approval of a Use With Criteria.)

\_\_\_\_\_ If such event is intended to occur on an annual or seasonal basis, it shall be required to obtain approval for each occurrence.

\_\_\_\_\_ If such event uses any City services, including but not limited to road closures and public safety enforcement, approval shall be obtained from either the City Clerk or the Director of Public Safety.

\_\_\_\_\_ All Temporary Events shall have a business license and sales tax license if required by the Municipal Code.

\_\_\_\_\_ Temporary event uses must be permitted in the underlying zone district.

\_\_\_\_\_ Only one (1) temporary event may occur on a property within a twelve-month period in the CO, CY, and CN zone districts.

\_\_\_\_\_ Any Temporary Building or Structure associated with a Temporary Event shall be reviewed for compliance with the CDC.

\_\_\_\_\_ **Approval Period. The Approval Period for a Temporary Event shall not exceed twenty-one (21) consecutive days within a twelve-month period.**

**\*\*\*ALL FOOD OR DRINK VENDORS\*\*\***

**Please contact the Routt County Environmental Health Department to determine, and obtain if necessary, any required permits for food or drink vending.**

**Routt County Environmental Health Department  
970/879-0185  
427 Oak Street**

*I understand that I must maintain compliance with all of the criteria listed above.*

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

**For Office Use Only:**

Use with Criteria received by: \_\_\_\_\_

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

Is a Use with Criteria fee applicable? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Fee Paid? Yes \_\_\_\_\_ No \_\_\_\_\_ Check # \_\_\_\_\_

Form and Submittals Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Use with Criteria Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Of Approval: \_\_\_\_\_

Signature of Director: \_\_\_\_\_