

Rio Blanco County Building Department  
Office of TLQ and Temp. Building Permits  
555 Main Street, First Floor  
P.O. Box 599  
Meeker, CO 81641  
970-878-9450/FAX 970-878-5729

**FOR OFFICE USE ONLY**

**Permit Number:** \_\_\_\_\_

**Date of Acceptance:** \_\_\_\_\_

**Planning Approval By:** \_\_\_\_\_  
**Date Approved:** \_\_\_\_\_

**Building Dept. Approval By:** \_\_\_\_\_  
**Date Approved:** \_\_\_\_\_

**PERMIT**  
**APPLICATION FOR TLQ AND/OR TEMPORARY BUILDING**

Basic Project Information ~ The purpose of a permit application is to obtain all the essential elements necessary to complete a thorough review of your specific construction project. The information requested on this form is required at the time of plan submittal and is pertinent to issuance of a construction permit. All building permit fees must be paid before the Building Department staff begins reviewing your plans.

**PLEASE NOTE: AN APPLICATION WILL BE REGARDED AS INCOMPLETE AND NOT ACCEPTED IF ALL APPLICABLE INFORMATION IS NOT SUPPLIED.**

Physical Address of Property to be served by Permit \_\_\_\_\_  
(Need for address will be determined by the Field Inspector)

Range \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_ GPS \_\_\_\_\_

Drilling Rig: \_\_\_\_\_

1. Property Owner _____	Mailing Address _____	Phone _____
2. Building Owner _____	Mailing Address _____	Phone _____
3. Applicant Name _____	Mailing Address _____	Phone _____
4. Contact Person _____	Mailing Address _____	Phone _____
E-Mail _____	Cell Phone _____	Fax _____

**BUILDING DEPT. USE ONLY**

PENALTY FEE: \_\_\_\_\_

TEMPORARY BUILDING FEES: \_\_\_\_\_

TEMPORARY LIVING QUARTERS FEES: \_\_\_\_\_

TOTAL FEES: \_\_\_\_\_

Permit Type: (Check all that apply)

- ☐ Temporary Office Trailers  
☐ Man camps/ TLQ  
☐ Other \_\_\_\_\_

5. Project Description: (Brief description of work to be done)

\_\_\_\_\_

**Required Documentation and Drawings (2 SETS):** Please supply any of the following that apply to your project and are included as part of this submittal package. It is your responsibility to see that the appropriate documentation is included with this document.

- |   |  |
|---|--|
| <input type="checkbox"/> Building Plans | <input type="checkbox"/> Engineered Set Up Plans (Temp. Buildings) |
| <input type="checkbox"/> Site Plans     | <input type="checkbox"/> Road & Bridge Access Permit (1 COPY)      |

**Involved Parties:** Please supply the following information for each group or individual involved with the project.

	Company Name	Contact Person	Address	Phone Number	Email
General Cont.					
Concrete Cont.					
Plumbing Cont.					
Mech. Cont.					
Elec. Cont.					

**Notice:**

Permit is good for 360 days. When the Temporary Building and /or TLQ are relocated it must be repermited... This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended/abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. By signing this I also certify that I will not use or occupy the structure until I have received the Certificate of Occupancy for that structure

\_\_\_\_\_  
SIGNATURE OF OWNER/ OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

\_\_\_\_\_  
DATE

**NOTES:**

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Building #1 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial # \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

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Building #2 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial# \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

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Building #3 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial# \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

Building #4 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial # \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

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Building #5 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial# \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

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Building #6 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial# \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

Building #7 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial # \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

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Building #8 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial# \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_

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Building #9 ☐ TLQ ☐ TEMPORARY OFFICE ☐ OTHER

Owner \_\_\_\_\_

Serial# \_\_\_\_\_ Ground snow load \_\_\_\_\_

Square footage \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Set up type ☐ SKID MOUNT ☐ ENGINEERED SET UP ☐ OTHER

CDOH registration number \_\_\_\_\_ SMM \_\_\_\_\_