

PERMIT # _____

APPROVAL DATE _____

SEDGWICK COUNTY
SPECIAL USE PERMIT APPLICATION
FOR COUNTY ROAD CROSSING & RIGHT OF WAY
DEPARTMENT OF PLANNING & ZONING
315 CEDAR ST., SUITE 200
JULESBURG, CO 80737

FORM # PZ-ROW-2024-01

(Revised 8/2024)

Permit Fee \$50

NAME OF APPLICANT: _____ PHONE #: _____

ADDRESS: _____

NAME OF LANDOWNER: _____

ADDRESS: _____

PURPOSE OF PERMIT: _____

RIGHT OF WAY OR ROAD CROSSING (s) AFFECTED: _____

BASIC PERMIT FEE \$ 50.00

NUMBER OF FEET ON RIGHT OF WAY _____ AT 50¢ PER FOOT \$ _____

ROAD CROSSING - GRAVEL (if bored, dug or trenched 6" or less) = \$100.00 \$ _____

ROAD CROSSING - GRAVEL (if bored over 6") = \$3 per cubic ft.
(Depth X Width X Length of Bore) \$ _____

ROAD CROSSING - GRAVEL (if dug or trenched over 6") = \$400.00 \$ _____

ROAD CROSSING – GRAVEL - LOW / NO MAINTENANCE ROADS = \$0

ROAD CROSSING - PAVED (if bored up to 6") = \$500.00 \$ _____

ROAD CROSSING - PAVED (if bored over 6") = \$1,000.00 \$ _____

ROAD CROSSING - PAVED (if dug or trenched up to 6") = \$5,000.00 \$ _____
OR, If greater than 6" = \$50.50 per cubic ft.6

AGRICULTURE USE ROAD CROSSING PAVED = \$500 \$ _____

Permit holder must flow fill and finish the road to original condition.

TOTAL FEES \$ _____

STARTING DATE _____

COMPLETION DATE _____

**Make check payable to
Sedgwick County Treasurer**

IF BORING NEEDS TO BE DONE UNDER AN IRRIGATION CANAL/DITCH, YOU WILL NEED TO CONTACT THE APPROPRIATE IRRIGATION DISTRICT TO ACQUIRE A PERMIT BEFORE COMMENCEMENT OF BORING. THAT APPROVED PERMIT WILL NEED TO BE PROVIDED BEFORE THIS PERMIT CAN BE ISSUED.

IF ANY COUNTY PROPERTY IS DAMAGED IN THIS PROCESS, REPAIR OR REPLACEMENT COST WILL BE AT THE APPLICANT'S EXPENSE.

NAME AND ADDRESSES OF ALL ADJACENT LANDOWNERS WITHIN 300 FEET OF THE ABOVE-NAMED PROPERTY. (ATTACH LIST.): _____

NOTE: PERMIT APPLICATION MUST BE SUBMITTED WITH A DRAWING, OR PLANS !!! Permit will NOT be processed without this information.

SIGNATURES REQUIRED FOR APPROVAL

SIGNATURE OF APPLICANT

PLANNING & ZONING DIRECTOR

COUNTY COMMISSIONER

DATE _____

DATE _____

DATE _____