

MUST BE SUBMITTED AND APPROVED PRIOR TO RELEASE OF PUBLIC WAY OR BUILDING PERMIT  
**APPLICATION FOR  
 SITE DEWATERING PERMIT**

Flood#: \_\_\_\_\_  
 Parcel #: \_\_\_\_\_  
 Bldg Permit #: B - \_\_\_\_\_

Town of Vail  
 Public Works Dept.  
 1309 Elkhorn Dr  
 Vail, CO 81657

**WARNING:** Inclusion of false information in this permit application establishes an automatic denial for a Floodplain Use Permit and forfeiture of application fees. By signing this permit, the applicant declares he/she has read all contents of this document and Title 12-21 of the Town of Vail Code. Contact Public Works for fees 970-479-2198.

**Company Name:** \_\_\_\_\_ **Company Phone:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Dewatering Location:** \_\_\_\_\_

**Dewatering Outfall:** \_\_\_\_\_

**Requested Dates of Use:** \_\_\_\_\_ to \_\_\_\_\_

**Requested Work Times:** \_\_\_\_\_

**Minimum Required Submittals (Additional submittals may be required on a case by case basis):**

- Site plan (Including well(s), pump(s), pipe(s), outfall location(s), etc...)
- Dewatering Drainage Analysis (Prepared and stamped by qualified engineer, including volume of flow, hydraulic analysis and effect on outfalls capacity, addressing both temporary and permanent flows)
- Dewatering Geotechnical analysis (Engineering analysis of potential effects (i.e. settlement) on all adjacent properties prepared and stamped by qualified engineer)
- Dewatering Monitoring Plan (written narrative of monitoring plan to help prevent any potential problems (i.e. settlement)
- Copy of the Colorado Dept. of Public Health and Environment ([www.cdphe.com](http://www.cdphe.com)) required permits. (Typically a Construction Dewatering permit and a Construction Storm Water Discharge Permit)

**Applicant must contact Public Works Department at 970-479-2198 twenty four (24) hours prior to commencing of work.**

Failure to notify the Town will result in forfeiture of bond money.

\_\_\_\_\_

Print Applicant Name
Applicant Signature
Date

|                        |       |   |          |
|------------------------|-------|---|----------|
| <b>OFFICE USE ONLY</b> |       |   |          |
| _____                  | _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | _____    |
| Review By              | Date  |   | Comments |