



**City of Idaho Springs**

1711 Miner St • PO Box 907  
Idaho Springs CO 80452  
(303) 567-4421  
FAX (303) 567-4955

**CITY USE ONLY**

License # \_\_\_\_\_  
Issued Date \_\_\_\_\_  
Check # \_\_\_\_\_

**Business License Application**

**Fee \$75.00**

Type: New  Renewal

Sole Proprietor: Yes  No

Business Name: \_\_\_\_\_

Business Name that is reported to the Colorado Department of Revenue:

\_\_\_\_\_

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

Idaho Springs Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email or Website : \_\_\_\_\_

State Sales Tax Number (Reported to the Colorado Department of Revenue)

\_\_\_\_\_

**All new licenses or new locations in the City limits of Idaho Springs must have the following documentation:**

- \* Building permit (if change of use and/or change of occupancy)
- \* Fire inspection (call 303-567-4342 to set up inspection)
- \* All food service establishments must have a health department inspection  
(Call 303-679-2335 to set up inspection)
- \* Zoning Permit application
- \* Idaho Springs Police Department form

All paperwork obtained for the above (\*) must be attached to this application. License will not be issued until all documentation is submitted

I affirm that the information contained in this application is true and accurate.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

(Make checks payable to the city of Idaho Springs, Box 907 Idaho Springs, CO 80452)

**THIS COMPLETED FORM AND FULL PAYMENT MUST BE SUBMITTED PRIOR TO  
JAN 1 OR LATE FEES WILL BE INCURRED**



**IDAHO SPRINGS POLICE DEPARTMENT  
P.O. BOX 907~3000 COLORADO BLVD.  
IDAHO SPRINGS, CO. 80452  
303-567-4291**

Dear Business Owner,

The Idaho Springs Police Department would like for you to fill in the following information for emergency purposes only. **All information will be kept confidential.**

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Owner/Manager:** \_\_\_\_\_

**Alarm Company:** \_\_\_\_\_

**Alarm Phone and/or reset code:** \_\_\_\_\_

**Other Emergency Information (Any other information that might helpful to ISPD in an emergency):**

\_\_\_\_\_

**Emergency Contact 1:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_

**Emergency Contact 3:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_

Once all information is completed, please return with your Business License Application to the City of Idaho Springs.

Thank you,

Idaho Springs Police Dept.



## Idaho Springs City Hall

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### OVERVIEW

Zoning Permits are intended to be used to facilitate the opening of businesses in the City by verifying whether or not a use is permitted within a building or tenant lease space in accordance with the city's Zoning Ordinance in regards to occupancy and parking (Section 21-41 of the Municipal Code). A Zoning Permit is required for all businesses in Idaho Springs and will be distributed to all businesses applying for a business license and must be completed and returned to the Planning and Development Department. Zoning Permits require review and approval by Planning staff prior to any business being opened. This approval will provide confirmation that the use being proposed is compatible with the zoning of the property. **Please note that the approval of a Zoning Permit does not constitute approval from Building, Fire Department or other agency codes or requirements.** However, Planning staff will provide you with comments from other city- wide departments that might be applicable to the opening of your business in Idaho Springs. As a result, you may be required to coordinate with other departments to address any specific requirements they may have. In some cases, a pre-application meeting may be recommended.

### SUBMITTAL REQUIREMENTS

A Zoning Permit shall be submitted directly to the Planning and Development Department. You may submit application in person or via email at [adminsec@idahospringsco.com](mailto:adminsec@idahospringsco.com), and to [planner@idahospringsco.com](mailto:planner@idahospringsco.com). The following application package must be submitted to the Planning and Development Department to commence review:

- Completed **Application** (see attached).
- Completed **Questionnaire** (see attached) that describes the proposed business.

### PROCESS

- Prior to opening of your business, you will need to submit to the Planning and Development Department a fully completed Application and Questionnaire for a Zoning Permit. A Zoning Permit is required with any new business, change in business name, change in business type, ownership, or location. A Zoning Permit can be applied for concurrently with a business license or any building permits that may be required prior to opening of your business. **DISCLAIMER – The issuance of a business license does not confirm that the use of the property is permitted in accordance with the underlying zoning for the property.**
- Zoning Permits are reviewed administratively by Planning staff. Planning staff will also forward the permit for review by various city departments, including but not limited to the following: Public Works, Building, and Finance, if necessary.
- If the use being proposed is consistent with the underlying zoning of the property, the Zoning Permit will be issued by the City. If any conditions are associated with the approval, they will be noted on the permit.
- Clear Creek Fire Authority conducts separate review of permits for compliance with the fire code. Separate approval may be required from CCFA. You may contact CCFA at 303-567-4342.

### CODE REQUIREMENTS

Section 21-41 of the Municipal Code is the city's Zoning Ordinance. The city's various zone districts allow for different land uses. If you would like to know the zoning of your property, you can use the zoning map link on the city's website (<https://www.colorado.gov/pacific/sites/default/files/Zoning%20Map%20NEW.pdf>) or contact the Planning and Development Department directly at 303-567-4421 Ext 118 or via email at [planner@idahospringsco.com](mailto:planner@idahospringsco.com). You can obtain a list of allowed uses for the various zone districts by accessing the Zoning Ordinance through the City of Idaho Springs Municipal Code: [https://library.municode.com/co/idaho\\_springs/codes/municipal\\_code?nodeId=IDAHO\\_SPRINGSMUCO](https://library.municode.com/co/idaho_springs/codes/municipal_code?nodeId=IDAHO_SPRINGSMUCO).

# ZONING PERMIT



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## PROJECT INFORMATION

Site Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  New Building  Existing Building

## PROPERTY OWNER(S) INFORMATION

Name: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## TENANT INFORMATION (If other than owner)

Name: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## OWNER(S) & AGENT CERTIFICATION

I hereby depose and state under the penalties of perjury that all statements, proposals and/or plans submitted with/or contained in this application are true and correct and the application is complete to the best of my knowledge and belief.

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s)' Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

### **STAFF USE ONLY:**

Zoning: \_\_\_\_\_ Nonconformities:  Yes  No

Describe any NCs: \_\_\_\_\_

Approved  Denied

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

Comments: \_\_\_\_\_

Date Application Received:

# ZONING PERMIT



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BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

1. What is the proposed use of the building/tenant space? \_\_\_\_\_

2. What was the previous use of the building/tenant space? \_\_\_\_\_

3. What is the square footage of the building/lease area? \_\_\_\_\_

4. Is your business currently operating in Idaho Springs at a different address?  Yes  No

If yes, address: \_\_\_\_\_

5.  Retail  Restaurant  Office  Manufacturing/Distribution  Service  Other: \_\_\_\_\_

6. Provide a detailed description of operation/s to be performed within the building: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Is there food preparation involved:  Yes  No

8. Number of employees: \_\_\_\_\_

9. Describe any specific *EQUIPMENT* and *MATERIALS* that may be used to conduct your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any outdoor storage of materials:  Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

10. Are there any *CHEMICALS* that will be stored on site:

*INSIDE:* \_\_\_\_\_

\_\_\_\_\_

*OUTSIDE:* \_\_\_\_\_

\_\_\_\_\_

11. Will there be any alterations to the **interior** of the building:  Yes  No

12. Will there be any alterations to the **exterior** building:  Yes  No

13. Will a new or replacement plumbing fixtures be installed?  Yes  No

If yes to either of the three questions above, provide a description of the work proposed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_