

Revocable Encroachment Permit for Outdoor Eating Areas in the Right-of-Way (minimum of 5 business days required for approval)

Applicant Name:	Phone:	
Company:		
Address:		
City, State, Zip:		
Dates of Encroachment:		
Location of Encroachment:		
Contact Name:	_ Contact Email:	
Foilet Count: Urinal Count: Will a Liquor License be Required:		
	ation a sketch, drawing or plan that illustrates the e public right-of-way. Applicant must also submit the of Insurance with the City of Fort Collins Engineering	
	pplicant and is non-assignable. Applicant agrees that any nit will terminate this permit and require a new application to	
Applicant has read this permit and agrees to abide by to any such special conditions, restrictions and regulat	the current City of Fort Collins Standard Specifications and tions that may be imposed by the City Engineer.	
Applicants Signature:	Date:	
Engineering Approval: Outdoor Eating Encroachment Permit Fee: \$	Date:	
Conditions:	······	
Revised 10/23/2024	Permit Number:	



INDEMNITY AGREEMENT FOR OUTDOOR EATING AREA PERMITS

The Permittee hereby convenants that it will indemnify and hold the Lessor harmless from all claims, demands, judgments, costs and expenses, including attorney's fees arising out of any accident or occurrence causing injury to any person or property whosoever or whatsoever due directly or indirectly to the issuance of the outdoor eating area permit and the placement and use of the permitted outdoor eating area by the Permittee and its agents and employees, unless such accident or occurrence results from any tortuous misconduct or negligent act or omission on the part of the City, its agents and employees.

Dated this	day of	, 20
Permittee Name:		
Ву:		
Title:		
Address of Outdoor	Eating Area Permit:	