



Review Agency Sign-off Form

Business Name: _____

Applicant/Representative: _____ Phone: _____

Address: _____

Applicant: Provide agency staff with Application and any plan documentation at agency's request.

Agency staff: If there are concerns or conditions of approval to be met, please indicate in space provided.

Sheriff's Office (215 Rice St. * Ph (970) 244-3500) Date: _____

Staff Signature: _____ Print Name: _____

Comments regarding traffic and safety: _____

Planning Dept. (200 S. Spruce St. * Ph (970) 244-1636) Date: _____

Staff Signature: _____ Print Name: _____

Comments regarding compliance with code: _____

Building Dept. (200 S. Spruce St. * Ph (970) 244-1631) Date: _____

Staff Signature: _____ Print Name: _____

Comments regarding approval of building permit: _____

Environmental Health (510 29 1/2 Rd. * Ph (970) 248-6900) Date: _____

Staff Signature: _____ Print Name: _____

Comments regarding food safety: _____

Fire Department (contact Planning Dept. to determine fire district) Date: _____

Staff Signature: _____ Print Name: _____

Comments: _____