|  |  |
| --- | --- |
| COLORADO DEPARTMENT OF TRANSPORTATIONPERMISSION TO ENTER PROPERTY | Project Code:       |
| Project No:       |
| Location:       |
| Property Owner:       |
| Property address/location:       | SH No:       | Mile post or station:       |
| **The undersigned property owner, owner’s representative, or lessee hereby grants permission to the Colorado Department of Transportation, its contractors, agents, and all other deemed necessary by the Department, to enter the property identified above and perform the following actitivites:** |
|  |
| DESCRIPTION OF WORK TO BE DONE* Perform preliminary survey, including; recovery of and measurements to horizontal and vertical survey marks; topographic survey which includes the modeling of ground terrain and the measuring and mapping of physical features; and the placement of temporary survey stakes or project control markers.
* Conduct preliminary environmental surveys to identify the presence of archaeological, historical, paleontological, or ecological resources, and perform noise or air quality measurements. These surveys may include the exterior inspection of structures and buildings; the collection of chipped stone, biological, botanical, or fossil specimens; or sampling of subsurface soil material.
* Perform real estate appraisal, or other physical inspections necessary to review the property, including any structures, for possible acquisition.

This permission to enter does **not** include any drilling, digging, or sampling of materials beyond the use of hand tools. Any holes dug will be back-filled to their original condition prior to leaving the site.Conditions requested by Owner:       |
|  |
| **Permission granted by:**  (check one)[ ]  Property owner[ ]  Property owner’s representative[ ]  Lessee | Name (please print)       |
| Signature | Date       |
| Home address (if lessee)      | Phone(     )       |
| Owner’s home address       | Work Phone(     )       |
| Permission received by: | Name & title (please print)       |
| Signature | Date      |
| Department       | Phone(     )       |