



Town of Georgetown  
404 6<sup>th</sup> St. / PO Box 426  
Georgetown, CO 80444  
P: 303-569-2555 ext. 2  
[townclerk@townofgeorgetown.us](mailto:townclerk@townofgeorgetown.us)  
[www.townofgeorgetown.us](http://www.townofgeorgetown.us)

## CHANGE OF USE

### Zoning Permit Process Guide

Change of Use Permits, also called Zoning Permits, are intended to be used to facilitate the opening of businesses in the Town of Georgetown by verifying whether a use is permitted within a building or tenant lease space in accordance with the town's Land Use Code. A Zoning Permit is required for all businesses in Georgetown and will be distributed to all businesses applying for a business license and must be completed and returned to the Georgetown Town Hall. Zoning Permits require review and approval by the Town Administrator 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 or Fire Departments or other agency codes or requirements.** However, Town staff will provide you with comments from other town-wide departments that might be applicable to the opening of your business in Georgetown. 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.

A Zoning Permit shall be submitted directly to the Georgetown Town Hall. You may submit application in person to the permit counter or via email at [townclerk@townofgeorgetown.us](mailto:townclerk@townofgeorgetown.us). The following application package must be submitted to the Georgetown Town Hall to commence review:

- Completed **Application** (see attached).
- Completed **Questionnaire** (see attached) that describes the proposed business.
- Completed **Industrial Pretreatment Questionnaire** required for all new businesses.

## PROCESS

- Prior to opening of your business, you will need to submit to the Georgetown Town Hall a fully completed Application and Questionnaire for a Zoning Permit. A Zoning Permit is required with any new business, change in business name, 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 the Town Administrator who will also forward the permit for review by various town departments, including but not limited to the following: Public Works (including engineering and utilities), Design Review Commission, Building / SAFEbuilt, Economic Development, 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 Town. If any conditions are associated with the approval, they will be noted on the permit.

- Clear Creek Fire Authority (CCFA) and SAFEbuilt will conduct separate inspections of permits for compliance with the building and fire codes. Separate approval may be required from CCFA. You may contact CCFA at 303-567-4342.

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Chapter 17 of the Municipal Code is the town's Land Use Development Code. The town's various zone districts allow for different land uses. If you would like to know the zoning of your property, you can go to the town's website ([www.townofgeorgetown.us](http://www.townofgeorgetown.us)) or contact the Town Clerk directly at 303-569-2555 ext. 2 or via email at [townclerk@townofgeorgetown.us](mailto:townclerk@townofgeorgetown.us). You can obtain a list of allowed uses for the various zone districts through the Town of Georgetown Municipal Code: [www.townofgeorgetown.us/municode](http://www.townofgeorgetown.us/municode).



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**CHANGE OF USE**  
Zoning Permit

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

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Past Uses of Unit: \_\_\_\_\_  
\_\_\_\_\_

Proposed Use of Unit: \_\_\_\_\_  
\_\_\_\_\_

Date of preliminary walk-through inspection to determine needs: \_\_\_\_\_

**STAFF USE ONLY:**

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

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

Approved  Denied

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

Date Application Received:
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**Industrial Pretreatment Division**  
*Industrial Waste Questionnaire*

Submit this completed and signed questionnaire via mail, email, or fax to:

Town of Georgetown **Email:** gtownutilities@townofgeorgetown.us  
**Public Works Department** **Phone:** 303.569.2555 ext. 6  
P.O. Box 426 **Fax:** 303.569.2705  
Georgetown, CO 80444

**All Businesses Must Complete this Form to Fulfill EPA Regulation.**

For questions regarding this questionnaire, please contact the Public Works Department at 303.569.2555 ext. 6.  
Based upon your business or wastewater discharge classification, an additional survey may be required.

**I. Contact Information** (Please Print or Type)

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

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Address (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. Facility Operations and Wastewater Information**

**1. Type of Business:**

Commercial

Industrial

**SIC Code(s):** \_\_\_\_\_

**2. Check all activities which are or will be present at your facility:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assembly Laboratory/Photo      | <input type="checkbox"/> Processing                   | <input type="checkbox"/>                        |
| <input type="checkbox"/> Automotive Services Machine    | <input type="checkbox"/> Shop                         | <input type="checkbox"/> Research               |
| <input type="checkbox"/> Biotechnology Manufacturing    | <input type="checkbox"/>                              | <input type="checkbox"/> Retail Timber Products |
| <input type="checkbox"/> Dental Office Material         | <input type="checkbox"/> Transfer/Distribution        | <input type="checkbox"/> Vehicle/Equipment Wash |
| <input type="checkbox"/> Dry Cleaning/Laundry Medical   | <input type="checkbox"/> Office                       | <input type="checkbox"/> Warehousing            |
| <input type="checkbox"/> Electroplating Metal Finishing | <input type="checkbox"/>                              | <input type="checkbox"/> Wholesale Trade        |
| <input type="checkbox"/> Flammables/Explosives Office   | <input type="checkbox"/> (not medical)                | <input type="checkbox"/> Other (specify):       |
| <input type="checkbox"/> Food Processing                | <input type="checkbox"/> Painting/Stripping/Finishing | _____   |
| <input type="checkbox"/> Food Service/Restaurant        | <input type="checkbox"/> Printing                     | _____   |

**3. Briefly describe your business activities** (processes, products, services, etc.):

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**4. Is your business a Food Service Establishment (FSE)\*?**

- Yes                       No

\* "Food Service Establishment," (FSE) is any facility engaging in preparing food for consumption by the public such as, but not limited to, restaurants, commercial kitchens, caterers, hotels, bakeries, public and private schools, hospitals, or care institutions.

**If yes, please fill out the Grease Interceptor Sizing Form (attached) and attach a kitchen design plan\*.**

\* The kitchen design plan should include drawings displaying the location of all kitchen equipment, floor sinks, and floor drains. Hand drawings or copies of plumbing/equipment plans are acceptable.

**5. Indicate the type and amount of solutions or materials used in manufacturing, cleaning, or other operations whose containers exhibit hazard warning labels.** (Attach additional sheets as needed or MSDS documents. Amounts used should be listed in gallons/per day).

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**6. Description of facilities** (Kitchen, number of restrooms, laundry facilities, chemical storage, etc.):

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**7. Are there any floor drains in the work storage areas at your facility?**

- Yes                       No                      If yes, please list location(s): \_\_\_\_\_

**8. Water use** (What it is used for and the approximate quantities in gallon/per day?):

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### III. Type of Wastewater Discharged into Municipal Sewer

Domestic       Industrial

"Domestic" (sanitary) wastewater is liquid wastes: (a) from the non-commercial preparation, cooking, and handling of food, (b) containing only human excrement and similar matter from the sanitary conveniences of dwellings, commercial buildings, industrial facilities, and institutions. All other wastewater should be considered "Industrial."

**Describe any pretreatment devices or processes used for treating wastewater or sludge.** (Grease interceptor, DAF, filtration, pH adjustments, etc.): \_\_\_\_\_

### IV. Certificate of Information

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining this information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Fats, Oils, and Grease (FOG) Policy *Grease Interceptor Sizing Form*

Company Name: \_\_\_\_\_

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

Table 1: GGI Sizing Based on Fixture Flow

Fixture Type	Quantity	Fixture Surge Flow Rate (gpm)	Flow (gpm) = Quantity x Fixture Surge Flow Rate
Hand Sink		N/A <sup>1</sup>	N/A <sup>1</sup>
Bar Sink		N/A <sup>1</sup>	N/A <sup>1</sup>
Single Compartment Sink		20	
Double Compartment Sink		25	
Triple Compartment Sink		30	
Mop Sink		N/A <sup>1</sup>	N/A <sup>1</sup>
Wok Range (1-5 Wok Stations)		15	
Wok Range (5+ Wok Stations)		20	
Dishwasher (0-30 gallons)		15	
Dishwasher (30-50 gallons)		25	
Dishwasher (50-100 gallons)		40	
Floor Drains		N/A <sup>1</sup>	N/A <sup>1</sup>

Other?: _____			
Please Return Form To: Town of Georgetown Attn: Ryan Zabel, Public Works Supervisor P.O. Box 426 Georgetown, CO 80444 Phone: 303-569-2555 ext. 6 <a href="mailto:gtownutilities@townofgeorgetown.us">gtownutilities@townofgeorgetown.us</a>		Total Flow (gpm)	
		Loading Factor	
		Coffee Shop=0.5	
		Other Users <sup>3</sup> =1.0	
		Retention Time	30 Minutes
		GGI Size (gallons) =	
		Total Flow x	
		Loading Factor x	
		Retention Time	
		GGI Inlet Pipe Size <sup>4</sup>	
Maximum GGI Size (gallons) <sup>5</sup>			

Completed By (Please Print): \_\_\_\_\_

Completed By (Signature): \_\_\_\_\_ Date

Completed: \_\_\_\_\_

\* Instructions, Notes, and Tables are Located on Next Page  
*Grease Interceptor Sizing Form Instructions*

**Instructions:**

- a) Form must be completed and stamped by a licensed Professional Engineer.
- b) Include with completed GI Sizing Form:
  - Completed Industrial Waste Questionnaire
  - Completed Tableized List of Fixtures
  - Building/Kitchen Floor Plan with Fixtures Noted
  - Anticipated BMPs used to limit FOG entering system
  - Anticipated maintenance schedule for grease interceptor
- c) Return completed form and attachment to the City of Northglenn

**Notes:**

- 1) Hand sinks, bar hand sinks, mop sinks, and floor drains must be counted and connected to the GGI, but due to the frequency of typical use, the surge flow rate is not included in the calculation.



- 2) The surge flow rate for plumbing fixtures not listed shall be based on manufacturer rating or drain pipe size in Table 2. If a fixture type is listed and the listed standard surge flow rate is larger than that provided by a manufacturer, the lower surge flow rate may be used. Documentation of manufacturer rating used in the calculations shall be provided during the plan review.
- 3) The Division may apply a loading factor other than 1.0 for users if special circumstances warrant.
- 4) Enter the maximum GGI size based on the inlet pipe size from Table 3.
- 5) If the calculated GGI size is greater than the maximum GGI size, than the maximum GGI size shall be used.

**Table 2: Surge Flow Rates Based on Fixture Discharge Pipe Size**

<b>Fixture Discharge Pipe Size (inches)</b>	<b>Surge Flow Rate (gpm)</b>
1.3	7.5
1.5	15
2.0	22
2.5	30
3.0	37.5
4.0	45

**Table 3: GGI Sizing for Unified Building Shells and Maximum GGI Size**

<b>GGI Inlet Pipe Size (inches)</b>	<b>GGI Size (gallons)</b>
2	600
3	2000
4	4000
5	7000
6	12000