



Application for Mineral Exploration or Extraction Permit

Name of Applicant: _____

Address: _____

Phone: _____

If the applicant is a corporation, partnership, joint venture or company, submit name address and phone number of person who accepts responsibility for all notices and correspondence affected by this application.

Location of proposed activity:

Section _____, Township _____, Range _____

Land owner name: _____

Address: _____

Is this a patented mining claim? Yes No

Approximate starting date of this activity: _____

Is this new activity or continuation of previous exploration on this site? New Continuation

Are new roads required? Yes No

If yes, give approximate lengths and indicate portions on private lands and public lands:

Describe proposed operations:



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If location is on Public Lands, is a U.S. Forrest Service "Operating Plan" required? Yes No

Is a performance bond required by the U.S. Forrest Service? Yes No

Is approval of the Colorado Land Reclamation Board required for this activity? Yes No

Does the Colorado Land Reclamation Board require a bond? Yes No

Documents required by Article II, section 202 of the Mineral County Regulations for the exploration and extraction of mineral resources shall be attached to this application.

Applicant Signature: _____

Date: _____

Land Use Officer Signature: _____

Date: _____