

COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
cds@elbertcounty-co.gov



Elbert County Site Plan Application

Submittal Date: ___ / ___ / ___

PROJECT NAME: _____

PROJECT ADDRESS: _____

LOCATION: _____

LEGAL OWNER'S NAME(S): _____

ADDRESS: _____

TELEPHONE #(S): _____

*** ATTACH COPY OF DEED ***

Water Rights Owner(s): _____

Mineral Rights Owner(s): _____

Special Districts: _____

Proposal/Request: _____

Authorized Representative Name/Address: _____

Telephone #: _____

Legal Description of Property: Section(s) _____ Township _____ Range _____

Lot _____ Block _____

Subdivision _____

Property Tax Parcel Number: _____

COMPLETE ALL APPLICABLE SECTIONS

Present Zoning: _____ Proposed Zoning: _____

Gross Site Acreage: _____ Net Site Acreage: _____

Gross Site Density/acres: _____ # Lots/Dwelling Units: _____

Sources of Utilities:

Water: _____ Electricity: _____

Sanitation: _____ Natural Gas: _____ Other: _____

Elbert County School Attendance (K-12): _____

Fire District: _____

Proposed Public Roadway Access: _____

TOTAL APPLICATION FEE \$ _____ AMOUNT RECEIVED \$ _____

DOCUMENTS SUBMITTED:

- | | |
|---|---|
| <input type="checkbox"/> Access Requests | <input type="checkbox"/> Plat Map |
| <input type="checkbox"/> Authorization for Representative | <input type="checkbox"/> Preliminary Construction Plans |
| <input type="checkbox"/> Cost estimates | <input type="checkbox"/> Proof of Ownership |
| <input type="checkbox"/> Drainage Report | <input type="checkbox"/> Soils Report |
| <input type="checkbox"/> Final Construction Plans | <input type="checkbox"/> Traffic Control Plan |
| <input type="checkbox"/> Landscape Plans | <input type="checkbox"/> Traffic Report |
| <input type="checkbox"/> Narrative | |
| <input type="checkbox"/> Pavement Design Report | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Statement of Taxes (available from Assessors Office) | |
| <input type="checkbox"/> Drainage & Erosion Control Plan | |
- (required if adding, moving, or removing more than 300 cubic yards of dirt)

Review of this application and supportive documentation will not begin until the Community & Development Services Department deems the application complete. Applicant acknowledges that there is no mutually agreed upon time between the County and the applicant during which this application will be approved, conditionally approved or denied.

In addition to the standard Land Use Fees, the applicant is responsible for all Public Notice Costs (signs, legal notices, certified mail, etc.), as well as large envelopes and postage for Referral Agencies, Planning Commissioners and the Board of County Commissioners, etc.

I/We _____, being first duly sworn, depose and state under penalties of perjury that I am (we are) the owner(s) of the property described herein and which is the subject of the application and proposed hearings; that all answers provided to the questions in this application, and all sketches, data, and all other supplementary matter attached hereto and made part of this application, are honest and true to the best of my (our) knowledge and belief. I (we) understand that this application must be complete and accurate prior to a hearing being scheduled. I (we) authorize County staff to visit the site as necessary for proper review of this application. (If there are any special conditions such as guard dogs, locked gates, restricted hours, etc., please give the name and phone number of the person(s) who can provide access to the site)

Name (*printed*)

Name (*printed*)

Address

Address

Phone

Phone

Fax

Fax

Signature

Signature

County of _____]
SS

State of _____]

Sworn to and subscribed before me this _____ day of _____, _____
(*Fill in month*) (*Fill in year*)

By _____
(name printed)

Witness my hand and official seal.

(Notary Public)

My Commission expires: _____



COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
cds@elbertcounty-co.gov



DISCLOSURE LETTER

PROJECT NAME: _____
PROJECT LOCATION: _____

I/We, _____
do hereby acknowledge my/our full awareness of the application/request being presented to Elbert County by _____ for the parcel of land indicated, and for the reason(s) noted on the completed application/request submittal.

I/We hereby acknowledge the person(s) noted is/are my/our authorized representative(s) in the matter.
I/We hereby grant permission for the Elbert County Community & Development Services Department, or any referral agency they require, to access the parcel of land indicated for reasons of reviewing and evaluating the land use application.

Signature(s):

PRINT NAME AND COMPLETE ADDRESS OF PROPERTY OWNER(S) BELOW:

Name: _____ **Date:** _____

Address: _____

State of _____)
County _____) **ss:**

The above and foregoing instrument was subscribed and sworn to before me, in my presence, a Notary Public in and for the County of _____, State of _____, this _____ day of _____, 20____.
(SEAL)



COUNTY OF ELBERT

Community & Development Services

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
c ds@elbertcounty-co.gov



STATEMENT OF TAXES

(Please attach statement from Treasurer's Office)

DATE: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

As part of the Land Use Application process, Elbert County Community and Development Services is requiring a *Statement of Taxes from the Elbert County Treasurer's Office*. This would need to reflect any account number that starts with "R", "M", "N", "P", "U", and "O". Please attach this statement and this signed form and include in your application packet.

OWNER(S) ADDRESS: _____

OWNER(S) PRINTED NAME: _____

SIGNATURE(S): _____



COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
cds@elbertcounty-co.gov



SITE PLAN CHECK LIST

Date: _____

Project Name: _____

Project Address/Location: _____

Owner(s) Name(s): _____

Address: _____

Phone Number(s): _____

The application must include the following information:

Date Completed

- | | | |
|----|--|-------|
| 1. | A. Completed Application Form
(Notarized and signed by all owners - 1 original & 1 copies) | _____ |
| | B. Completed Disclosure Form (if applicable)
(Notarized and signed by all owners - 1 original & 1 copies) | _____ |
| | C. Completed Agreement Form (1 original & 1 copies) | _____ |
| | D. Statement of Taxes (from the Treasurer's Office) (1 original & 1 copies) | _____ |
| 2. | Application Fees Paid \$_____ (Amount) | _____ |
| 3. | Completed Narrative _____ (1 original & 1 copies) | _____ |
| 4. | Completed Site Plan Exhibit _____ (1 original & 1 copies)
(Prepared according to Regulations) | _____ |
| 5. | Proof of Ownership of both properties (Title Report or Property Deed) | _____ |
| 6. | H.O.A./P.O.A letter, indicating approval (if applicable) | _____ |
| 7. | ALL OF THE ABOVE ITEMS SHALL ALSO BE SUBMITTED
DIGITALLY ON A CD OR THUMB DRIVE | _____ |



COUNTY OF ELBERT

Community & Development Services

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
cds@elbertcounty-co.gov



STATEMENT OF TAXES

DATE: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

As part of the Land Use Application process, Elbert County Community and Development Services is requesting a Statement of Taxes from the Elbert County Treasurer's Office. This would need to reflect any account number that starts with "R", "M", "N", "P", "U", and "O".

OWNER(S) ADDRESS: _____

OWNER(S) PRINTED NAME: _____

SIGNATURE(S): _____



COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
cds@elbertcounty-co.gov



APPLICATION AGREEMENT FORM

PROJECT NAME: _____

PROJECT LOCATION: _____

The applicant agrees to pay for reasonable additional engineering and/or consultation when requested by the Community & Development Services Department, Planning Commission or Board of County Commissioners when, in their opinion, additional information, studies, or investigations are needed to help clarify the proposal made.

Applicant or Authorized Representative

Date



COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, COLORADO 80117
303-621-3136 FAX: 303-621-3165
cds@elbertcounty-co.gov



DISCLOSURE LETTER

PROJECT NAME: _____

PROJECT LOCATION: _____

I/We, _____

do hereby acknowledge my/our full awareness of the application/request being presented to Elbert County by

_____ for the parcel of land indicated, and for the reason(s) noted on the completed application/request submittal.

I/We hereby acknowledge the person(s) noted is/are my/our authorized representative(s) in the matter.

I/We hereby grant permission for the Elbert County Community & Development Services Department, or any referral agency they require, to access the parcel of land indicated for reasons of reviewing and evaluating the land use application.

Signature(s):

PRINT NAME AND COMPLETE ADDRESS OF PROPERTY OWNER(S) BELOW:

Name: _____

Date: _____

Address: _____

State of _____)

)

ss:

County _____)

The above and foregoing instrument was subscribed and sworn to before me, in my presence, a Notary Public in and for the County of _____, State of _____, this _____ day of _____, 20____.

(SEAL)
