



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

ADMINISTRATIVE REZONE CHECK LIST ZONING REGULATIONS

Date: _____

Project Name: _____

Project Address/Location: _____

Owner(s) Name(s): _____

Address: _____

Phone Number: _____

The application must include the following information:

Date Completed

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. A. Completed Application Form
 (notarized and signed by all owners - 1 original & 2 copies) B. Completed Disclosure Form (if applicable)
 (notarized and signed by all owners 1 original & 2 copies) C. Completed Agreement Form (1 original & 2 copies) D. Statement of Taxes (from the Treasurer's Office) (1 original & 2 copies) 2. Application Fees Paid \$_____ (Amount) 3. Completed Narrative _____ (1 original & 2 copies) 4. Completed Site Plan Exhibit _____ (1 original & 2 copies)
 ((Prepared according to Regulations) 5. Proof of Ownership (Title Report or Property Deed) 6. Water Supply Information (if applicable) |

_____ |
|--|--|

Planning Department Hearing Date Set For: Date: _____

Time: _____

15 days prior to the hearing date:

- | | |
|---|-------|
| 7. Certified mail notifying adjacent property owners | _____ |
|---|-------|

5 business days prior to the hearing date:

- | | |
|--|-------|
| 8. A. Copy of the notice to adjacent property owners | _____ |
| B. Alphabetical list of property owners | _____ |
| C. Certified mail receipts (white slips) | _____ |

By the hearing date:

- | | |
|------------------------------------|-------|
| 9. Green postal return receipts | _____ |
|------------------------------------|-------|



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

EXEMPTION FROM PLATTING CHECK LIST SUBDIVISION REGULATIONS

Date: _____

Project Name: _____

Project Address: _____

Owner(s) Name(s): _____

Address: _____

Phone Number: _____

Application must include the following information:

Date:

- a. An application form provided by the County. _____
- b. Proof of Ownership. _____
- c. Statement of Taxes (from the Treasurer's Office) _____
- d. Water Study. _____
- e. Proof of Septic. _____
- f. Proof of Access. _____
- g. Proof of Fire. _____
- h. Legal Description. _____
- i. Survey – An Exemption Survey in a format acceptable to the County. _____
- j. Other Reports. _____
- k. Flood Zone areas. _____
- l. Any deeds for dedications. _____
- m. Weed Management and Grazing Plans. _____

Public Hearing date set for Administrative Hearing

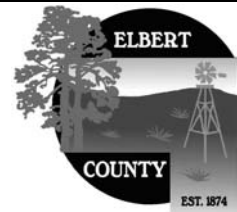
Date: _____
Time: _____



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 LAND USE APPLICATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

LOCATION: _____

LEGAL OWNER'S NAME(S): _____

ADDRESS: _____

TELEPHONE #: _____

ATTACH PROOF OF OWNERSHIP

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:

- | | |
|--|--------------------------------------|
| _____ Access Requests | _____ Plat Map |
| _____ Authorization for Representative | _____ Preliminary Construction Plans |
| _____ Cost estimates | _____ Proof of Ownership |
| _____ Drainage Report | _____ Soils Report |
| _____ Final Construction Plans | _____ Traffic Control Plan |
| _____ Landscape Plans | _____ Traffic Report |
| _____ Narrative | _____ Subdivision Summary Form |
| _____ Pavement Design Report | _____ Other |
| _____ Statement of Taxes (available from Treasurer's Office) | |
| _____ Grading, 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.

Applicant's Signature(s): _____

Date: _____

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____.

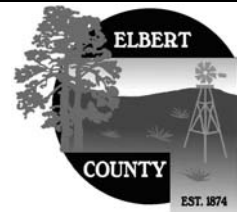
(SEAL)



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

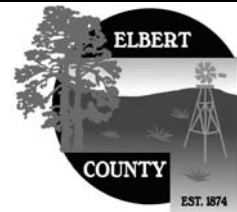
Date



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)



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



AGREEMENT TO REMOVE PUBLIC NOTICE

PROJECT NAME: _____

PROJECT LOCATION: _____

I/We hereby agree to remove the Public Notice Sign posted for hearing notification within 7 days after the Board of County Commissioner's final hearing. I/We understand this must be completed as a condition of approval prior to the recording of the Mylars or Final Plats.

NAME: _____

SIGNATURE: _____

DATE: _____

NAME: _____

SIGNATURE: _____

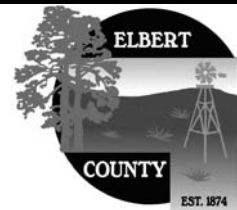
DATE: _____



COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7
215 COMANCHE STREET
KIOWA, CO 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): _____