



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



REZONING CHECK LIST (SEE ELBERT COUNTY ZONING REGULATIONS)

Date: _____

Project Name: _____

Project Address/Location: _____

Owner(s) Name(s): _____

Address: _____

Phone Number(s): _____

The application must include the following information: Date Completed

- | | |
|---|-------|
| 1. Completed Application Form
(Notarized and signed by all owners – 1 original and 2 copies) | _____ |
| Completed Disclosure Form
(Notarized and signed by all owners – 1 original and 2 copies) | _____ |
| Completed Agreement Form (1 original and 2 copies) | _____ |
| Statement of Taxes (from the Treasurer's Office)
(1 original and 2 copies) | _____ |
| 2. Application Fees Paid \$_____ (Amount) | _____ |
| 3. Completed Narrative _____ (1 original and 2 copies) | _____ |
| 4. Completed Site Plan Exhibit _____ (1 original and 2 copies)
(Prepared by an Engineer, Surveyor,
Registered Architect or Landscape Architect) | _____ |
| 5. Proof of Ownership (Title Report or Property Deed) | _____ |

Public Hearing Date Set For Planning Commission Date: _____

Time: _____

Public Hearing Date Set For Board of County Commissioners Date: _____

Time: _____

35 Day Review Period:

- | | |
|---|-------|
| 6. Referral Agencies Notified. Due on _____
(See Referral Agency Check List) | _____ |
|---|-------|

30 Days Prior to the Public Hearing:

- 7. Notice of Public Hearing in the Newspaper

24 Days Prior:

- 8. Map of Adjacent Land Owners
Copy of the Notice Mailed to Property Owners
Alphabetical List of Adjacent Property Owners
White Postal Receipts for Certified Mailing
- 9. Notarized Affidavit Verifying Sign Posting
Photograph of the Sign Posting

5 Business Days Prior:

- 10. Publishers Affidavit
Green Postal Return Receipts



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ELBERT COUNTY LAND USE APPLICATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

LOCATION: _____

LEGAL OWNER'S NAME(S): _____

ADDRESS: _____

TELEPHONE #(S): _____

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)
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)



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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



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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)



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AGREEMENT TO REMOVE PUBLIC NOTICE

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.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____