



Jefferson County, Colorado
Planning & Zoning Division

100 Jefferson County Parkway, Suite 3550, Golden, Colorado 80419-3550
☎ 303.271.8700 • Fax 303.271.8744 • <http://planning.jeffco.us>

DEVELOPMENT PERMIT APPLICATION

APPLICATION FOR (Please check all that apply)

- Rezoning from _____ to _____
- Special Use Item No. _____ of the _____ Zone District
to permit _____
- Subdivision Platting Superlot Process Regular Process
- Exemption from Platting Superlot Minor Division of Land Legalization of Property Division
- Site Approval Site Development Plan Approval

PURPOSE OF APPLICATION(S)

STAFF USE ONLY

Case No.	_____	Current Zoning	_____
Dated Filed	_____	Proposed Zoning/SU	_____
Planner	_____	Street Address	_____
Acres	_____	Previous Cases	_____
Map Sheet	_____	Community Plan	_____

SPECIAL DISTRICTS

Water	Post Office	Electricity
Sewage	Park & Rec.	Fire

DOCUMENTS SUBMITTED

- | | |
|--|--|
| <input type="checkbox"/> Water Supply Report | <input type="checkbox"/> Reduction of the Plat |
| <input type="checkbox"/> Sewage Disposal Report | <input type="checkbox"/> Exemption Survey |
| <input type="checkbox"/> Utility Report | <input type="checkbox"/> Landscape Plan |
| <input type="checkbox"/> Fire Protection Report | <input type="checkbox"/> Proof of ownership |
| <input type="checkbox"/> Drainage Report | <input type="checkbox"/> Proof of access |
| <input type="checkbox"/> Geologic Report | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Soils Report | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Radiation Report | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Sensory Impact Report | |
| <input type="checkbox"/> Wildlife, Vegetation and Landscaping Report | |
| <input type="checkbox"/> Historical, Archaeological & Paleontological Report | |

INSTRUCTIONS FOR SUBMITTAL

- All surveys and documents shall be no larger than 8 1/2" by 14" in size or folded to that or a smaller size.
- Original completed applications must be provided. Copies are not acceptable.
- Incomplete applications will not be accepted and will delay processing.
- Initially, one copy of each document shall be submitted by the applicant for review by the Planning and Zoning Department. At such time as the documents are deemed adequate, additional copies as required by the Planning and Zoning Department shall be submitted.

PROJECT TEAM INFORMATION

Property Owner(s)

E-mail (required)

Phone

Fax

Address

Property Owner(s)

E-mail (required)

Phone

Fax

Address

Developer/ Subdivider

E-mail (required)

Phone

Fax

Address

Authorized Representative

E-mail (required)

Phone

Fax

Address

Engineer

E-mail (required)

Phone

Fax

Address

PROPERTY DESCRIPTION

Property ID(s)

Acreage

Map Sheet

Access via

Address

Legal Description: *(attach additional sheet if necessary)*

ADDITIONAL INFORMATION

Please attach any additional information to support or clarify this application.

DISCLOSURE OF PROPERTY OWNERSHIP (PLEASE CHECK ALL THAT APPLY)

- If owner is an individual, indicate name exactly as it appears on the deed.
- If owner is a corporation, partnership, limited partnership, or other business entity, name principals on a separate page. Please include the articles of organization, partnership agreement, etc., as applicable.

Please provide the name(s), mailing address(es), street address(es), and phone number(s) for all owners.

PROPERTY OWNER AFFIDAVIT

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

E-Mail *(required)*

E-Mail *(required)*

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: _____

AUTHORIZED REPRESENTATIVE

I/We further permit _____ to act as my/our representative in any manner regarding this application, to answer questions and to represent me/us at any meeting and public hearing(s) which may be held on this application. **NOTE: All correspondence will be sent to the authorized representative. It will be the representative's responsibility to keep the owner(s) adequately informed as to the status of the application.**

Representative Name (*printed*)

Representative Address

Representative Phone

Representative Fax

Owner Signature

Type of Identification