



LAND USE PERMIT APPLICATION

TO SUBMIT THIS APPLICATION, COMPLETE AND DELIVER WITH THE APPROPRIATE FEE & SUBMITTAL REQUIREMENTS. FOR QUESTIONS CALL 970-264-1390 AND ASK FOR PLANNING

BY MAIL TO:
Archuleta County Development Services
PO Box 1507
Pagosa Springs, CO 81147

IN PERSON TO:
Planning Department
1122 HWY 84
Pagosa Springs, CO 81147

APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____ cell: _____ EMAIL ADDRESS: _____

REPRESENTATIVE: _____

MAILING ADDRESS: _____

PHONE: _____ cell: _____ EMAIL ADDRESS: _____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT): _____

MAILING ADDRESS: _____ PHONE: _____

(NOTARIZED AGENT AUTHORIZATION FORM SIGNED BY ALL PROPERTY OWNERS IS REQUIRED AND MUST ACCOMPANY THIS APPLICATION IF APPLICATION IS MADE BY OTHER THAN OWNER(S) OF RECORD.)

TYPE OF REQUEST:

<input type="checkbox"/>	CONDITIONAL USE PERMIT (CUP)
<input type="checkbox"/>	SITE PLAN USE BY RIGHT PERMIT (UBR)
<input type="checkbox"/>	FLOODPLAIN DEVELOPMENT PERMIT
<input type="checkbox"/>	GEO THERMAL
<input type="checkbox"/>	OIL AND GAS (MINOR or MAJOR please circle)
<input type="checkbox"/>	SAND AND GRAVEL (MINOR or MAJOR)
<input type="checkbox"/>	SIGN PERMIT
<input type="checkbox"/>	TEMPORARY USE PERMIT (TUP)
<input type="checkbox"/>	VARIANCE (GENERAL or ADMIN please circle)
<input type="checkbox"/>	SKETCH PLAN (SUBDIVISION)
<input type="checkbox"/>	PRELIMINARY PLAN (SUBDIVISION)
<input type="checkbox"/>	FINAL PLAT (NEW SUBDIVISION)
<input type="checkbox"/>	SUBDIVISION EXEMPTION PLAT (Final Plat)
<input type="checkbox"/>	AMENDED PLAT (Final Plat)
<input type="checkbox"/>	MINOR LOT LINE ADJUSTMENT (MLLA)
<input type="checkbox"/>	LOT CONSOLIDATION / UNCONSOLIDATION
<input type="checkbox"/>	PLANNED UNIT DEVELOPMENT (PUD)
<input type="checkbox"/>	CONCEPT REVIEW
<input type="checkbox"/>	GENERAL DEVELOPMENT PLAN
<input type="checkbox"/>	VESTED RIGHTS
<input type="checkbox"/>	ZONING AMENDMENT

GENERAL INFORMATION:

PROJECT ADDRESS: _____

ASSESSOR'S PARCEL NO. _____

CURRENT ZONING: _____ PROPOSED ZONING: _____

CURRENT USE: _____

PROPOSED USE: _____

PROJECT DESCRIPTION: _____

PROJECT NAME: _____	PROJECT NUMBER: _____
APPLICATION RECEIVED BY: _____	DATE RECEIVED: _____
FEE AMOUNT REQUIRED: \$ _____	DATE PAID: _____
APPLICATION DEEMED COMPLETE BY _____	ON: _____

Continued on reverse

LAND USE PERMIT APPLICATION

CONTINUED

THE UNDERSIGNED AUTHORIZES THE LAND USE ADMINISTRATOR(S) TO PROCEED WITH PROCESSING THIS APPLICATION UNDER THE REQUIREMENTS SET BY THE ARCHULETA COUNTY LAND USE REGULATIONS.

(Required if checked) THE LANDOWNER GIVES PERMISSION FOR COUNTY STAFF TO ACCESS THE PROPERTY FOR INSPECTION OF THE DETAILS OF THIS APPLICATION, WHILE THE APPLICATION IS ACTIVE.

(Required if checked) THE UNDERSIGNED ACKNOWLEDGES THAT THE APPLICANT IS RESPONSIBLE FOR PROVIDING THE COUNTY WITH THE LIST OF NAMES OF THE ADJACENT PROPERTY OWNERS LOCATED WITHIN **500 FEET** OF ALL BOUNDARIES OF THE PROPERTY AND PROVIDE **ADDRESSED STAMPED ENVELOPES** FOR ALL THESE PROPERTY OWNERS PURSUANT TO THE REQUIREMENTS AS SET FORTH IN THE LAND USE REGULATIONS.

(Required if checked) THE UNDERSIGNED ACKNOWLEDGES THAT MINERAL ESTATE OWNERS/LESSEES WERE NOTIFIED IN ACCORDANCE WITH C.R.S 24-65.5-101-105. LAND USE PERMIT APPLICATIONS REQUIRING MINERAL ESTATE OWNERS/LESSEES NOTIFICATION. THIS NOTIFICATION REQUIREMENT IS STRICTLY THE APPLICANT'S RESPONSIBILITY.

APPLICANT'S INITIALS _____

LANDOWNER'S SIGNATURE AS ACKNOWLEDGEMENT: _____