



Land Use Application Form

_____ Amended Plat	_____ Boundary Adjustment	_____ Subdivision Exemption
_____ Annexation	_____ Sketch Plan	_____ Floodplain Development
_____ Final Plan	_____ Planned Unit Development	_____ Vacation of Right-of-Way
_____ Text Amendment	_____ Site Plan Review	_____ Re-Subdivision Final Plan
_____ Easement Agreement	_____ Zoning or Rezoning	_____ Subdivision Improvement Agreement
_____ Preliminary Plan	_____ Special Use Permit	_____ Annexation & Development Agreement
_____ Zoning Variance	_____ Other: _____	

Project Name: _____

Project Description / Property Information:

Address: _____ Parcel ID Number: _____

Legal Description (*attach additional sheets if necessary*): _____

Access to Property: _____

Acreage or Square Footage: _____ Existing Land Use Designation: _____

Proposed Land Use Designation: _____

Existing Zoning: _____ Proposed Zoning: _____

Proposed Use / Intensity of Use: _____

- Submittal Requirements:**
- Initially, a completed application with original signatures and four copies shall be submitted to the department for review. The application shall include four sets of 24" x 36" plans, plats and other appropriate drawings. Application must also be submitted in electronic format (MS Word).
 - In addition to this application, all information on the supplemental checklist must be submitted.
 - Incomplete applications will not be accepted and will delay processing.
 - When the documents are deemed adequate, additional copies as required by the department shall be submitted ten (10) days before the public hearing.
 - All documents submitted for public hearing shall be hole-punched, collated and paper-clipped (no staples). All plans, plats or drawings shall be folded to 8 1/2" x 11" and inserted into the collated application. Each individual application shall be banded together and ready for public distribution.

STAFF USE ONLY

Pre-app conference: _____ (date)	Application received: _____ (date)
Application complete: _____ (date)	File Number: _____
Fees: _____	Referrals Sent: _____ (date)
Deposits: _____	PZC approval: _____ (date)
Paid: _____ (date)	BOT approval: _____ (date)

Project Team Information (fill in all that apply) *(add additional sheets of needed)*:

Property Owner(s): Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Authorized Rep.: Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Engineer/Designer: Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Billable Party: Owner _____ Representative _____ Engineer _____

The Billable Party, by signing below, hereby agrees to reimburse the Town the actual costs to the Town plus 15% administrative fees for all engineering, surveying and legal services rendered in connection with the review of the Application. The Billable Party shall also reimburse the Town for the cost of making any corrections or additions to the master copy of the official Town map and for any fees for recording any plats and accompanying documents with the County Clerk and Recorder of Garfield County. The Billable Party agrees that interest shall be imposed at a rate of 1.5% per month on all balances not paid within thirty (30) days of the date of the statement. In addition to any and all remedies available to the Town and in the event the Town is forced to pursue collection of any amounts due and unpaid, the Town shall be entitled to collect attorney's fees and costs incurred in said collection efforts in addition to the amount due and unpaid.

_____ § _____
Name (printed)

Address

_____ Phone _____ Fax _____

Signature

Type of Identification

Disclosure of Property Ownership

- _____ 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 articles of organization, partnership agreement, etc., as applicable.
- _____ If owner is a land trust, name beneficiaries on a separate page.
- _____ If applicant is a lessee, indicate the owner(s) on a separate page.
- _____ If applicant is a contract purchaser, attach a copy of the contract and indicate the owner(s) on a separate page.

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 Town staff to visit the site as necessary for proper review of this application.

(If there are 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

Type of Identification

County of _____)

State of _____)

ss.

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

By _____
(name printed)

Witness my hand and official seal.

(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 any questions and to represent me/us at any meeting(s) 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.

Name (printed)

Address

Phone

Fax

Signature

Type of Identification

County of _____)

State of _____)

ss.

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

By _____
(name printed)

Witness my hand and official seal.

Notary Public

My Commission expires: _____

Below is an **example** of a Public Notice to be submitted to the newspaper and sent by certified, return receipt mail to property owners within 200 feet. The minimum public notice requirements are as follows:

Variances:	No less than 7 days prior to public hearing
All applications regarding a Planned Unit Development:	No less than 15 days prior to public hearing
Special Use:	No less than 15 days prior to hearing
Subdivision Exemption:	No less than 7 days prior to public hearing
Preliminary Plan:	No less than 7 days prior to public hearing
Comp Plan Amendment, Sketch Plan, Zoning, Rezone, Final Plan:	No less than 15 day prior to public hearing

Public Notices shall be published once per week, in a newspaper of general circulation, no less than the number of days as listed above. Public Notices to adjoining property owners shall be sent certified, return receipt and post-

Public Notice

You are hereby notified that the Town of Silt Planning & Zoning Commission/Board of Trustees will conduct a Public Hearing to consider the following application. The Public Hearing will be held on _____, 200__ at 7:00p.m. in Council Chambers at Silt Town Hall, 231 N. 7th Street.

Applicant:

Application Request:

Legal Description: (brief legal description is sufficient)

Common Description: (street address or general location)

For more information, contact the Town of Silt Community Development Department; PO Box 70, 231 N. 7th Street or call 970/876-2353. Please provide the name of the applicant and other notice information when asking department staff about this notice.

LAND USE APPLICATION FEES

Application	Fee	Deposit	SMC Section
Annexation	\$1,200	\$400	16.13.040
Annexation & Development Agreement amendment	\$400	\$400	16.13.130
Boundary Adjustment/Lot Line	\$100	\$0	16.04.907
Condominiumization	See Major	Subdivision	16.05.110
Easement Agreement and Amendments	\$500	\$500	2.44.110
Intergovernmental Agreement and Amendments	\$500	\$500	2.44.100
Major Subdivision-Sketch Plan	\$500	\$500	16.04.120
Major Subdivision-Preliminary Plan	\$800	\$800	16.04.180
Major Subdivision-Final Plan	\$500	\$500	16.04.270
Sign Exception	\$70	\$0	
Fence Exception	\$70	\$0	
Replat or Re-subdivision	\$500	\$0	16.04.945
Site Plan Review- Commercial/Multi-Family	\$500	\$0	17.42.030
Special Use Permit	\$250	\$0	17.78.040
Minor Subdivision-Sketch/Final	\$500	\$500	16.04.906
Subdivision Improvement Agreement Amendment	\$400	\$400	16.04.315
Vacation of Right of Way	\$400	\$400	2.44.120
Zoning Variance	\$250	\$0	17.84.080
Zoning or Rezoning	\$500	\$100	16.12.410

****Deposits must be included with application submittal. The deposit is used as security for department staff and consultant time to review the project application. Applicant shall also pay for fees and charges incurred by the town, such as legal fees, planning fees, engineering fees, and filing or recording fees, plus an administrative fee of 15% of the total consultant charges.***

ATTACHMENTS/EXHIBITS MUST BE COMPLETE FOR SUBMITTAL.

Incomplete applications **will not** be reviewed until deemed complete.

Checklist below for Office use only.

- 1] ___ A legal description of the property.
- 2] ___ Evidence of legal ownership. May be a deed, title commitment, title insurance policy, or attorney's opinion of ownership.
- 3] ___ Letter of consent. Required if the Applicant is not the property owner.
- 4] ___ List of property owners within 200 feet. Call Garfield County Assessor's Office at 970/ 945-9134 for information.
- 5] ___ Impact statement (description of how the proposed land use complies with the Town of Silt Municipal Code and Comprehensive Plan).
- 6] ___ A copy of the completed application in electronic format (Microsoft Word).
- 7] ___ A diskette, compatible with the Town of Silt GIS system, must be submitted before final recording of land use action. Mylars will not be signed prior to submittal of GIS disk. (For GIS information, call the Community Development Department, (970)876-2353.) Please do not print Final Plat Mylars until you receive approval by Town staff.

Town of Silt Community Development

231 N. 7th Street, Silt Colorado 81652; (970)876-2353 ext. 108



LAND USE ACTIVITY IMPACT STATEMENT

Name of Applicant: _____ Date: _____

Location of Property: _____

Land Use Request: _____

Please answer the following questions to the best of your ability. Attach additional pages as needed.

1. Is your request compatible with the Silt Municipal Code? Yes/No

2. Is your request compatible with the Silt Comprehensive Plan? Yes/No

If not, how is your request useful to the Town of Silt?

3. Explain how your request is compatible with the immediate area surrounding the site.

4. How is your request desirable for the Town of Silt?

5. Detail any real or possible environmental, town service, or other impacts your request may have.

6. Are there or have there ever been any landfills on any part of the property included in your request? Yes/ No
7. Please mark all the concerns or impacts listed below which apply to your request and give a brief statement about how you have addressed them.
- a. _____ traffic
 - b. _____ town services (water, sewer, etc.)
 - c. _____ signage
 - d. _____ open space
 - e. _____ schools
 - f. _____ emergency services (police, fire, medical)
 - g. _____ other utilities (electrical, etc.)
 - h. _____ other (pollution, etc.)

Please list any other items or information which you feel would be of help in assessing your application.