



## **AMENDMENT TO: ADMINISTRATIVE USE BY SPECIAL REVIEW PERMIT – OIL & GAS WELLS**

**Application submittals must include all documents on this checklist as well as this page.**

**All submittals shall include one (1) hard copy of all documents and one (1) electronic copy with all documents combined in a single PDF. For hard copies, each document shall be labeled or tabbed with the corresponding checklist number.**

An amendment to an Administrative Use by Special Review (AUSR) Permit must be obtained if changes are proposed for an oil and gas facility approved through the AUSR process, per Section 4-10-02-03-03-07-10 of the Adams County Development Standards and Regulations. The amended application will need to meet all of the requirements for an AUSR and be approved in writing by the Director or BOCC, if the BOCC approved the original application.

1. Development Application Form (pg. 4)
2. Application Fees (see table on pg. 3)
3. Written Explanation
  - A detailed project summary describing name and type of project, location, type of construction, etc.
  - A detailed explanation of how the project will comply with Section 4-10-02-03-03-07-02(3) Compatibility/ Land Use Impacts -  
A description of alternative sites considered, if any
4. Map of Adjacent Property Owners
  - A parcel map, which includes parcel-ID number, which may be keyed to a list of addresses of property owners.
5. Surface Owner Documentation
  - See Section 4-10-02-03-03-07-04(7) of the Development Standards & Regulations for more information.



6. Oil and Gas Operations Plan

- See Section 4-10-02-03-03-07-05 of the Development Standards & Regulations for more information.

7. Documentation of Notice Requirements

- Affidavit of compliance and an example copy of both the property owner notification and the letter to adjacent local government (if applicable)
- See Section 4-10-02-03-03-07-06 of the Development Standards & Regulations for more information.

8. Neighborhood Meeting Summary

- See Section 4-10-02-03-03-07-06 of the Development Standards & Regulations for more information

9. 'Will Serve' Letter from the appropriate Fire District

10. Ambient Sound Study, including recommendations

11. Landscaping/Screening Plan

- See Section 4-16 of the Development Standards & Regulations for more information

**Engineering Submittal Items** (See Section 4-10-02-03-03-07-04(6) for more information)

1. Construction Plans detailing above-ground improvements
2. Pavement Design Report (if applicable)
3. Grading Erosion and Sediment Control Report & Plan
4. Drainage Study/Technical Drainage Letter/Plan
5. Signed and Stamped Traffic Impact Study / Plan (as determined in the conceptual review meeting)



6. Floodplain Use Permit (if applicable)

**Emergency Response Submittal Items**

1. Emergency Preparedness Plan

- a. See Section 4-10-02-03-03-07-04(5) of the Development Standards & Regulations for more information.

<b>Application Fees</b>	<b>Amount</b>	<b>Due</b>
AUSR Permit Appeal	\$1,300	With application submittal
Tri-County Health *made payable to Tri County Health	\$245	With application submittal



### DEVELOPMENT APPLICATION FORM

#### Application Type:

<input type="checkbox"/> Conceptual Review	<input type="checkbox"/> Preliminary PUD	<input type="checkbox"/> Temporary Use
<input type="checkbox"/> Subdivision, Preliminary	<input type="checkbox"/> Final PUD	<input type="checkbox"/> Variance
<input type="checkbox"/> Subdivision, Final	<input type="checkbox"/> Rezone	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Plat Correction/ Vacation	<input type="checkbox"/> Special Use	<input type="checkbox"/> Other: _____

**PROJECT NAME:**

#### APPLICANT

Name(s):  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

---

#### OWNER

Name(s):  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

---

#### TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name:  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

---

**DESCRIPTION OF SITE**

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Have you attended a Conceptual Review? YES  NO

If Yes, please list PRE#:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature