

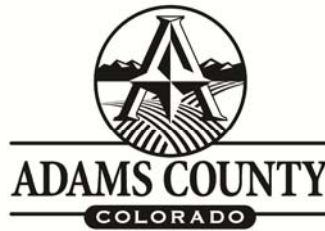
SPECIAL USE PERMIT – OIL & GAS WELLS

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.

A Special Use Permit must be obtained for each Oil and Gas Facility, as defined in Section 4-10-02-04-02 of the Adams County Development Standards and Regulations. The Special Use Permit (“SUP”) criteria are subjective in nature. In order to ensure compliance with the criteria and to achieve the General and Additional criteria for approval, for certain transmittal items, Adams County requires the application contain information similar to the application information for the Administrative Use by Special Review (“AUSR”) Permit review criteria. Cross references to the AUSR criteria are provided for ease of reference.

1. Development Application Form (pg. 4)
2. Application Fees(see table on pg. 3)
3. Written Explanation, including description of all mitigation measures
 - A detailed project summary describing name and type of project, location, type of construction, etc.
 - A description of alternative sites considered, if any
4. Detailed Explanation of Compliance with Each Potential Area of Concern Described in Section 2-02-11-05 (9)b.
5. Oil and Gas Operations Plan
 - See Section 4-10-02-04-05 of the Development Standards & Regulations for more information.
6. Surface Owner Documentation
 - See Section 4-10-02-04-04(7) of the Development Standards & Regulations for more information.



7. Map of Adjacent Property Owners

- A parcel map, which includes parcel-ID no., which may be keyed to a list of addresses of property owners.

8. 'Will Serve' Letter from the Fire District

9. Neighborhood Meeting Summary

- See Section 4-10-02-04-06 of the Development Standards & Regulations for more information

10. Detailed Explanation of Compliance with Applicable Industrial

Performance Standards (See Sections 2-02-11-05 and 4-10-01-02 for more information.)

- Parking (Section 4-12)
- Operational Standards (Section 4-13)
- Signage (Section 4-14)
- Landscaping (Section 4-16)
- Weeds and Offending Vegetation (Section 4-17)
- Site Design Considerations (Section 4-20)

11. Ambient Sound Study, including recommendations

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

Engineering Submittal Items (See Section 4-10-02-04-04(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. Traffic Impact Study / Plan



6. Floodplain Use Permit (if applicable)

Emergency Response Submittal Items

1. Emergency Preparedness Plan

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

Application Fees	Amount	Due
Special Use Permit (Oil and Gas)	\$3,900	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