Community & Economic Development Department www.adcogov.org



4430 South Adams County Parkway 1st Floor, Suite W2000 Brighton, CO 80601-8204 рноме 720.523.6800 гах 720.523.6998

Temporary Use Permit Application Checklist

Please include this page with your submittal. More information about checklist items can be found on pages 2-3.

Submittal instructions are at the top of page 2.

Development Application Form (pg. 4)

Written Explanation

Site Plan

Certificate of Insurance

Trip Generation Letter

Proof of Ownership

Proof of Water, Sewer, Trash Services

Proof of Utilities

Statement of Taxes Paid

Applications Fees	Amount	Due
Application	\$600	After complete application received

Temporary Use Permit Guide to Development Application Submittal

Application submittals must include all documents on the checklist as well as this page. Please use the reference guide (pg. 2) included in this packet for more information on each submittal item.

All applications shall be submitted electronically to <u>epermitcenter@adcogov.org</u>. If the submittal is too large to email as an attachment, the application may be sent as an unlocked OneDrive link. Alternatively, the application may be delivered on a flash drive to the One-Stop Customer Service Center. All documents should be combined in a single PDF. Once a complete application has been received, fees will be invoiced and payable online at <u>https://permits.adcogov.org/CitizenAccess/</u>.

Written Explanation of the Project:

 A clear and concise, yet thorough, description of the proposal. Please include, if applicable, timeframe, purpose of project, and improvements that will be made to the site.

Site Plan Showing Proposed Development:

- A detailed drawing of existing and proposed improvements including:
 - o Streets, roads, and intersections
 - Driveways, access points, and parking areas
 - o Existing and proposed structures, wells, and septic systems,
 - o Easements, utility lines, and no build or hazardous areas
 - o Scale, north arrow, and date of preparation
- An Improvement Location Certificate or Survey <u>may be required</u> during the official review

Certificate of Insurance:

 Shall be in the amount of \$400,000 with Adams County Government as the Beneficiary

Trip Generation Letter:

 Shall be determined based upon the methodologies of the most current, Institute of Transportation Engineers (ITE) Trip Generation Manual for the weekday AM peak hour and weekday PM peak hour

Proof of Ownership:

- A deed may be found in the Office of the Clerk and Recorder
- A title commitment is prepared by a professional title company

Proof of Water, Sewer, and Trash Services:

- A written statement from the appropriate water/sewer district and trash service indicating that they will provide service to the property **OR** a copy of a current bill from the service provider.
- Well permit(s) information can be obtained from the Colorado State Division of Water Resources at (303) 866-3587
- A written statement from Tri-County Health indicating the viability of obtaining Onsite Wastewater Treatment Systems

Proof of Utilities (Gas, Electric, etc):

- A written statement from the appropriate utility provider indicating that they will provide service to the property
- Copy of a current bill from the service provider

Statement of Taxes Paid:

- All taxes on the subject property must be paid in full. Please contact the Adams County Treasurer's Office
- Or http://adcogov.org/index.aspx?NID=812

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Application Type:

Subc	ivision, Preliminary	Preliminary PUD Final PUD Rezone Special Use	Variance Conditio	e			
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