

Community & Economic Development Department Planning & Development 4430 S. Adams County Pkwy., 1st Floor, Suite W2000B

5. Adams County Pkwy., 1st Floor, Suite W2000B Brighton, CO 80601-8218 Phone: 720.523.6800 Website: adcogov.org

The establishment of a special district to provide services pursuant to Colorado Revised Statutes Title 32.

Development Application Form

Draft of Service Plan

Application Fees	Amount	Due
Special District	New Districts: \$500 Amendments: \$250	After application deemed complete
	Independent Financial Review: Cost will vary by time spent	Prior to final hearing approval

Special District - Guide to Development Application Submittal

All applications shall be submitted via email to epermitcenter@adcogov.org. 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 https://permits.adcogov.org/CitizenAccess/.

Community & Economic Development Department www.adcogov.org



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

DEVELOPMENT APPLICATION FORM

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:]	
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Owner's Signature