



LAND USE PERMIT APPLICATION

TO SUBMIT THIS APPLICATION, COMPLETE AND DELIVER WITH THE APPROPRIATE FEE & SUBMITTAL REQUIREMENTS AS SPECIFIED IN THE USER'S MANUAL.

www.townofpagosasprings.com

970.264.4151

BY MAIL TO:

TOWN OF PAGOSA SPRINGS
 PLANNING DEPARTMENT
 PO BOX 1859
 PAGOSA SPRINGS, CO 81147

IN PERSON TO:

PLANNING DEPARTMENT
 TOWN HALL
 551 HOT SPRINGS BLVD.
 PAGOSA SPRINGS, CO

TYPE OF REQUEST:

<input type="checkbox"/>	ZONING MAP AMENDMENT
<input type="checkbox"/>	PLANNED DEVELOPMENT (PD)
<input type="checkbox"/>	MNOR SUBDIVISION/PLAT AMENDMENT
<input type="checkbox"/>	SKETCH PLAN (SUBDV.)
<input type="checkbox"/>	PRELIMINARY PLAN (SUBDV.)
<input type="checkbox"/>	FINAL PLAN (SUBDIVISION)
<input type="checkbox"/>	RIGHT-OF-WAY/EASEMENT VACATE
<input type="checkbox"/>	CONDITIONAL USES
<input type="checkbox"/>	LARGE RETAIL DEVELOPMENT PERMIT
<input type="checkbox"/>	DESIGN REVIEW (MAJOR/ADMINISTRATIVE)
<input type="checkbox"/>	REDEVELOPMENT PERMIT
<input type="checkbox"/>	VARIANCE (GENERAL, FLOODPLAIN, SIGNS)
<input type="checkbox"/>	MINOR MODIFICATION
<input type="checkbox"/>	COMPREHENSIVE PLAN AMENDMENT
<input type="checkbox"/>	TEMPORARY USE PERMIT
<input type="checkbox"/>	CONDOMINIUM SUBDIVISION/CONVERSION

GENERAL INFORMATION:

PROJECT: _____
 PROJECT ADDRESS: _____
 ASSESSOR'S PARCEL NO. _____
 CURRENT ZONING: ____ PROPOSED ZONING: ____
 CURRENT USE: _____ PROPOSED USE: _____
 PROJECT DESCRIPTION:

APPLICANT: _____
 MAILING ADDRESS: _____
 PHONE: _____ EMAIL ADDRESS: _____
 REPRESENTATIVE: _____
 MAILING ADDRESS: _____
 PHONE: _____ EMAIL ADDRESS: _____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT): _____
 MAILING ADDRESS: _____ PHONE: _____
 (NOTARIZED AUTHORIZATION FROM ALL PROPERTY OWNERS IS REQUIRED IF APPLICATION IS MADE BY OTHER THAN OWNER(S) OF RECORD.)

THE UNDERSIGNED AUTHORIZES THE LAND USE ADMINISTRATOR(S) TO PROCEED WITH PROCESSING THIS APPLICATION UNDER THE REQUIREMENTS SET BY THE TOWN OF PAGOSA SPRINGS ZONING ORDINANCE AND OTHER PERTAINING TOWN CODES. FURTHER, THE UNDERSIGNED ACKNOWLEDGES THAT THE APPLICANT IS RESPONSIBLE FOR PROVIDING THE TOWN WITH THE NAMES OF THE ADJACENT PROPERTY OWNERS LOCATED WITHIN 300 FEET OF ALL BOUNDARIES OF THE PROPERTY AND PROVIDE **ADDRESSED STAMPED ENVELOPES** FOR ALL THESE PROPERTY OWNERS PERSUANT TO THE REQUIREMENTS AS SET FORTH IN THE LAND USE AND DEVELOPMENT CODE AND USERS MANUAL. THE ACCURACY OF THIS INFORMATION IS THE RESPONSIBILITY OF THE APPLICANT AND ANY IMPROPER NOTIFICATION CAUSED BY INCORRECT INFORMATION CAN RESULT IN DELAYED PROCESSING OF THIS APPLICATION.

APPLICANT'S SIGNATURE: _____ DATE: _____

THE UNDERSIGNED ACKNOWLEDGES THAT MINERAL ESTATE OWNERS/LESSEES WERE NOTIFIED IN ACCORDANCE WITH C.R.S 24-65.5-101-105. LAND USE PERMIT APPLICATIONS REQUIRING MINERAL ESTATE OWNERS/LESSEES NOTIFICATION ARE IDENTIFIED IN ARTICLE 2, SECTION 2.3.6, LAND USE & DEVELOPMENT CODE. THIS NOTIFICATION REQUIREMENT IS STRICTLY AN APPLICANTS RESPONSIBILITY.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICATION RECEIVED BY: _____ DATE RECEIVED: _____
 FEE AMOUNT REQUIRED: _____ DATE PAID: _____