

Development Permit Application

Applicant Name:	Mailing Address:	Phone:
Owner of the Property: (if Different)	Mailing Address:	Phone:
Any Agents: (if Different)	Mailing Address:	Phone:
CLASSIFICATION (Requested Action) ANNEXATION SUBDIVISION/RESUBDI ANNEXATION SKETCH PLAN	<u>VISION</u> <u>OTHER</u> ☐ BOUNDARY ADJUSTMENT	☐ TEMPORARY USE PERMIT
☐ PRELIMINARY PLAT☐ FINAL PLAT	T CONDITIONAL USE PERMIT DISTRICT USE CHANGE LOT CONSOLIDATION	USE BY REVIEW VARIANCE OTHER
Each requested action may require additional documents	and/or requirements. Inquire with the Land Use Adiinformation.	ministrator at Town Hall for additional
Required Information: Project Name:		
Project Address:		
Parcel Number:	Lot Number:	
Section: Township:	Range:	
Land Use Classification:	Parcel Square Footage:	
Description of the improvements planned:		
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Required Documentation:

- 1) Proof of Ownership of the property in question and concurrence in the purpose of the application by the owner.
- 2) Full Legal Description including survey number, tract number, or other recorded identifying numbers.
- 3) Copy of the certified survey plat or a plan upon which the applicant will provide the following: the relative location of existing & proposed improvements, buildings, structures, roads, driveways, parking, ditches, utilities, fences, & other significant features.
- 4) Architect drawings or engineers drawings, floor plans, and diagrams as may be required by the Uniform Building Code and related codes as adopted.
- 5) Proof that a driveway permit has been submitted to La Plata County or Colorado Department of Transportation (if needed)

Required Copies:					
The Town requires that the applicants provide the	ne following number of c	opies for submittals:			
3 Copies - 24 x 36 Maps					
21 Copies - For Agency Comments 16 Copies - For Planning Commission 16 Copies - For Town Board					
Please ask for details on what will be required for	or the proposed developn	nent.			
Signed By:					
Owner/Agent		Date			
Received By:					
Town of Doublald		Doto			
Town of Bayfield		Date			
Fees:					
Amount Received: \$		Date Paid:			
Copies:					
Number Received:					
Ack	knowledgement of Fee Reir	nbursement			
I,	nderstand that if these fees	and that all engineering & attorney fees incurred by oiced to me for reimbursement. I hereby agree to are not paid I could be subject to appropriate			

Applicant Signature

Date