

BOT approval:

Community Development Department 231 N. 7<sup>th</sup> Street, Silt, CO 81652 (970) 876-2353 (office) (970) 876-2937 (fax) www.TownOfSilt.org

# Land Use Application Form

Amended Plat	Boundary Adjustment	Subdivision Exemption				
Annexation	Sketch Plan	Lot Line Dissolution / Adjustment				
Final Plan	Planned Unit Developm	nent Vacation of Right-of-Way				
Text Amendment	Site Plan Review	Metro District or Special District				
Easement Agreement	Zoning or Rezoning	Subdivision Improvement Agreement				
Preliminary Plan	Special Use Permit	ADA or ADA Amendment				
Zoning Variance	Intergovernmental Agr	eementOther:				
Project Name:	Project Description:					
Owner's Name:	Owner's Number:					
Email Address:	Phy	sical Address:				
Legal Description & Parcel ID N	umber (attach additional sheets	if necessary):				
Access to Property:						
Acreage or Square Footage:	Existing Land U	se Designation:				
Proposed Land Use Designation:						
Existing Zoning: Proposed Zoning:						
Proposed Use / Intensity of Use:						
Submittal Requirements:						
<ul> <li>A completed original application, with original signatures, one copy (full set) shall be submitted to the department for review. The application shall include two sets of 24" x 36" plans, plats and other appropriate drawings. Full application must also be submitted in electronic format.</li> <li>In addition to this application, all required information, including a linked title commitment (no older than 12 months) must be submitted. Incomplete applications will not be accepted and will delay processing.</li> <li>When the documents are deemed adequate, additional copies as required by the department shall be submitted no less than ten (10) days before the public hearing.</li> <li>All documents submitted for Land Use Applications shall be collated and paper-clipped (no staples). All plans, plats or drawings shall be organized and submitted ready for review, to avoid delays in processing. Application fees are collected at the time of submittal. Incurred fees will be billed monthly.</li> </ul>						
STAFF USE ONLY						
Pre-app conference:	(date)	Fees:				
Application Received:	(date)	Date Fees Collected:				
PZC approval:	(date)					

(date)

### **Billable Party Agreement**

Dinable 1 arty Agreement				
Property Owner(s): Name:		Phone:		
Company:		Fax:		
Address:				
		Phone:		
Company:		Fax:		
Address:				
Billable Party: Owner	Representative			

The Billable Party, by signing below, hereby agrees to reimburse the Town the actual costs to the Town plus 15% administrative fees for all billable staff time and contract services, including, but not limited to, planning, reviewing, inspecting, engineering, surveying and legal services rendered in connection with the applicant's request. A deposit will be required if deemed necessary by Town Staff. The Billable Party shall also reimburse the Town for the cost of making any corrections or additions to the master copy of the official Town map and for any fees for recording any plats and accompanying documents with the County Clerk and Recorder of Garfield County. The Billable Party agrees that interest shall be imposed at a rate of 5% per month on all balances not paid within thirty (30) days of the date of the statement. In addition to any and all remedies available to the Town and in the event the Town is forced to pursue collection of any amounts due and unpaid, the Town shall be entitled to collect attorney's fees and costs incurred in said collection efforts in addition to the amount due and unpaid.

Name (printed):	
Address:	
Phone:	
Type of Identification:	_Identification Number & Expiration:
Signature:	_Date:
County of) § State of)	
Sworn to and subscribed before me this day (Day)	(Month), (Year)
By Witness	my hand and official seal
(Notary Name)	(Notary Signature)
Notary Public My Commission Expires	(seal)

#### **Disclosure of Property Ownership**

\_\_\_\_\_ If owner is an individual, indicate name exactly as it appears on the deed.

If owner is a corporation, partnership, limited partnership or other business entity, name principals on a separate page. Please include articles of organization, partnership agreement, etc., as applicable.

If owner is a land trust, name beneficiaries on a separate page.

\_\_\_\_\_ If applicant is a lessee, indicate the owner(s) on a separate page.

If applicant is a contract purchaser, attach a copy of the contract and indicate the owner(s) on a separate page.

Please provide the name(s), mailing address(es), street address(es) and phone number(s) for all owners.

### **Property Owner Affidavit**

I/We,	being first duly sworn, depose and state
under penalties of perjury that I am (we are) the owner(s) of the property described	d herein and which is the subject of the
application and proposed hearings; that all answers provided to the questions in th	is application, and all sketches, data and
all other supplementary matter attached hereto and made part of this application ar	re honest and true to the best of my (our)
knowledge and belief. I (we) understand that this application must be complete and	d accurate prior to a hearing being
scheduled. I (we) authorize Town staff to visit the site as necessary for proper revi	ew of this application.

(If there are special conditions such as guard dogs, locked gates, restricted hours, etc., please give the name and phone number of the person(s) who can provide access to the site)

Name (printed)	Name (printed)
Address	Address
Phone	Phone
Fax	Fax
Signature	Signature
Type of Identification	
County of	88
State of	
Sworn to and subscribed before me this(fill in day)	day of, (fill in month) (fill in year)
By(name printed)	
Witness my hand and official seal.	
Notary Public	(seal)
My Commission expires:	

### Authorized Representative

I/We further permit\_\_\_\_\_\_to act as my/our representative in any manner regarding this application, to answer any questions and to represent me/us at any meeting(s) and public hearing(s) which may be held on this application.

NOTE: All correspondence will be sent to the authorized representative. It will be the representative's responsibility to keep the owner(s) adequately informed as to the status of the application.

Name (printed)			
Address			
Phone			
Fax			
Signature			
Type of Identification			
County of	)		
State of	)	SS.	
Sworn to and subscribed before me thisday o	f	(fill in month)	(fill in year)
By(name printed)			
Witness my hand and official seal.			
Notary Public			
My Commission expires:			

## **Public Notice Requirements**

The Silt Municipal Code, Chapter 16.16 requires Public Notices for Land Use Application to be submitted to the newspaper and sent by certified, including return receipt mail, to property owners within 200 feet (not including rights-of-way, rivers, tributaries, or public parcels).

The Town will provide the Public Notice that it will mail out and publish to the newspaper. The applicant will be billed back for the cost of Public Noticing.

# \*Please note that the list of property owners within 200 need to be submitted at the time that the Land Use Application is submitted and all original documents need to be provided to the Town\*

The minimum public notice requirements are as follows:

Type of Land Use Application	P & Z Recommendation	P & Z Decision	1 <sup>st</sup> Resolution	2 <sup>nd</sup> Resolution	1 <sup>st</sup> Reading Ordinance	2 <sup>nd</sup> Reading Ordinance
Annexation	15 days	N/A	15 days	4 consecutive weekly	15 days	None (if continued)
Zoning/Rezoning	15 days	N/A	N/A	N/A	15 days	None (if continued)
Major Subdivision						
Sketch	N/A	N/A	15 days	N/A	N/A	N/A
Preliminary	15 days	N/A	15 days	N/A	N/A	N/A
Final	10 days	N/A	10 days	N/A	N/A	N/A
Minor Subdivision						
Sketch	10 days	N/A	N/A	N/A	N/A	N/A
Final	N/A	N/A	10 days	N/A	N/A	N/A
Planned Unit Development (See above for Major Subdivision)	See above	See above	See above	See above	See above	See above
Special Use Permit	N/A	15 days	15 days	N/A	N/A	N/A
Variance	N/A	10 days	N/A	N/A	N/A	N/A
Vacation of Right-of-Way	N/A	N/A	N/A	N/A	10 days	None (if continued)
Easement Agreement	N/A	N/A	10 days	N/A	N/A	N/A
ADA Amendment	N/A	N/A	10 days	N/A	N/A	N/A
SIA Amendment	N/A	N/A	10 days	N/A	N/A	N/A
Sign Exception	N/A	10 days	N/A	N/A	N/A	N/A
Comprehensive Plan Amendment	N/A	10 days	10 days	N/A	N/A	N/A
Site Plan Review	N/A	15 days	N/A	N/A	N/A	N/A

### LAND USE APPLICATION FEES

Application	Fee
Annexation 5+ Acres	\$2,000
5 Acres or Less	\$1,200
Annexation & Development Agreement Amendment	\$500
Boundary Adjustment/Lot Line	\$100
Condominiums (See Subdivision for Fees)	Varies
Easement Agreement and Amendments	\$500
Intergovernmental Agreement and Amendments	\$500
Major Subdivision-Sketch	\$500
Major Subdivision-Prelim	\$1,000
Major Subdivision-Final	\$600
Manufactured/Modular Home Park Permit	\$250
Minor Subdivision (PUD) -Sketch/Preliminary/Final	\$500
Replat or Re-subdivision	\$500
Commercial/Multifamily Site Plan Review	\$500
Special Use Permit	\$350
Subdivision Exemption	\$250
Subdivision Improvement Agreement Amendment	\$400
Vacation of Right of Way	\$500
Variance	\$250
Zoning or Rezoning	\$600

\* Applicant shall also pay for fees and charges incurred by the town, such as legal fees, planning fees, engineering fees, and filing or recording fees, plus an administrative fee of 15% of the total consultant charges.

\* For a complete list of the fee schedule, to include items not listed above, please contact the Community Development Department at (970) 876-2353

### ATTACHMENTS/EXHIBITS MUST BE COMPLETE FOR SUBMITTAL.

Incomplete applications <u>will not</u> be reviewed until deemed complete.

### Checklist below for Office use only.

- 1] \_\_\_\_\_A legal description of the property
- 2] Evidence of legal ownership- May be a deed, title commitment, title insurance policy, or attorney's opinion of ownership
- 3]\_\_\_\_Letter of consent- Required if the Applicant is not the property owner
- 4] List of property owners within 200 feet. Call Garfield County Assessor's Office at 970-945-9134 for information
- 5] Impact statement (description of how the proposed land use complies with the Town of Silt Municipal Code and Comprehensive Plan)
- 6]\_\_\_\_A copy of the completed application in electronic format
- 7 Provide one (1) printed copy and one digital copy of the full application and 24x36 copies of the Site Plan, Annexation Map, Plat Proposal or any other required documents for the proposed land use. Once approved, the Town will determine if any additional copies will be required
- 8] Application Fee Collected
- 9] Linked Title Commitment (no older than 12 months old) and other required documents

## Town of Silt Community Development

231 N. 7<sup>th</sup> Street, Silt Colorado 81652; (970)876-2353 ext. 110



## LAND USE ACTIVITY IMPACT STATEMENT

Name of A	Applicant:	Date:	
Location of	of Property:		
Land Use	Request:		
Please ar needed.	nswer the following questions to the best of your abi	lity. Attach a	dditional pages as
1.	Is your request compatible with the Silt Municipal C	Code?	Yes/No
2.	Is your request compatible with the Silt Comprehen	nsive Plan?	Yes/No
	If not, how is your request useful to the Town of Sil	lt?	

- 3. Explain how your request is compatible with the immediate area surrounding the site.
- 4. How is your request desirable for the Town of Silt?

5. Detail any real or possible environmental, town service, or other impacts your request may have.

- 6. Are there or have there ever been any landfills on any part of the property included in your request? Yes/ No
- 7. Please mark all the concerns or impacts listed below which apply to your request and give a brief statement about how you have addressed them.
  - a. \_\_\_\_\_ traffic
  - b. \_\_\_\_\_ town services (water, sewer, etc.)
  - c. \_\_\_\_\_ signage
  - d. \_\_\_\_\_ open space
  - e. \_\_\_\_\_ schools
  - f. \_\_\_\_\_ emergency services (police, fire, medical)
  - g. \_\_\_\_\_ other utilities (electrical, etc.)
  - h. \_\_\_\_\_ other (pollution, etc.)

Please list any other items or information which you feel would be of help in assessing your application.