



**TOWN OF PARACHUTE
PO BOX 100
222 GRAND VALLEY WAY
PARACHUTE, CO 81635**

LAND USE APPLICATION

Name of Applicant: _____
(INCLUDE ADDRESS AND TELEPHONE NO.)

Project Name: _____

Project Location: _____

LEGAL DESCRIPTION: _____

Existing Zoning: _____ Proposed Zoning: _____

Type of Application (check all that apply):

SUBDIVISION:

- | | | |
|-----------------------------------------------|------------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> MINOR SUBDIVISION | <input type="checkbox"/> PRELIMINARY | <input type="checkbox"/> FINAL |
| <input type="checkbox"/> MAJOR SUBDIVISION | <input type="checkbox"/> PRELIMINARY | <input type="checkbox"/> FINAL |
| <input type="checkbox"/> RE-SUBDIVISION | <input type="checkbox"/> PRELIMINARY | <input type="checkbox"/> FINAL |
| <input type="checkbox"/> P. U. D. | <input type="checkbox"/> PRELIMINARY | <input type="checkbox"/> FINAL |
| <input type="checkbox"/> BUILDING DIVISIONS | <input type="checkbox"/> PRELIMINARY | <input type="checkbox"/> FINAL |
| <input type="checkbox"/> AMENDED PLAT | <input type="checkbox"/> PRELIMINARY | <input type="checkbox"/> FINAL |
| <input type="checkbox"/> REZONING | <input type="checkbox"/> SIGN VARIANCE | |
| <input type="checkbox"/> ZONING VARIANCES | <input type="checkbox"/> FLOOD PLAIN DEVELOPMENT | |
| <input type="checkbox"/> SPECIAL REVIEW USE | <input type="checkbox"/> VACATION OF STREET, ALLEY, R.O.W. | |
| <input type="checkbox"/> GEOLOGIC DEVELOPMENT | <input type="checkbox"/> ANNEXATIONS | |
| <input type="checkbox"/> LOT CONSOLIDATION | <input type="checkbox"/> WATERSHED PERMIT | |

PROPERTY OWNER: _____
(INCLUDE NAME, ADDRESS, AND TELEPHONE NO.)

PROJECT ENGINEER/SURVEYOR: _____
(INCLUDE NAME, ADDRESS, AND TELEPHONE NO.)

(INCLUDE NAME, ADDRESS, AND TELEPHONE NO.)

ADJACENT PROPERTY OWNERS: (attach separate sheet if needed)

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

MINERAL RIGHTS OWNERS & LESSEES OF SUBJECT PROPERTY (attach separate sheet if needed) ***PLEASE NOTE ALL MINERAL RIGHTS OWNERS AND LESSEES MUST BE NOTIFIED 30 DAYS IN ADVANCE TO APPLICATION REVIEW. PLEASE INDICATE ALL MINERAL RIGHTS OWNERS, & LESSEES AS (MR), OR (L)**

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

DESCRIPTION OF PROPOSAL: (INCLUDE PROPOSED USE, ACREAGE, ETC.)

Describe how this Proposed Land Use Application Complies with the Town of Parachute Land Use Regulations and the Town of Parachute Master Plan 2002.

Describe any possible Flood Plain issues:

Describe Traffic Impact Fees Proposal: (Standard Calculation or Individual Traffic Study)

Describe Land Dedication Proposal:

Describe Water Rights Dedication Proposal:

I Certify that the information and exhibits herewith are true and correct to the best of my knowledge, and that in filing this application, I am acting with knowledge and consent of those persons listed above without whose consent the requested action cannot lawfully be accomplished.

Name:(print) _____

Address: _____

Signature: _____ Date: _____

INSTRUCTIONS:

1. **Read both sides of application thoroughly.**
2. **Complete all of the requested information.**
3. Descriptions of property and dedication proposals on this form should be general and brief.
4. All applications must include a **CURRENT TITLE POLICY**, indicating ownership and encumbrances.
5. All applications must include **PROOF OF TAXES PAID**.
6. Applicants should review the Town of Parachute Land Use Regulations 15.01, 15.03, 15.04, 15.05, 15.06, and any other sections specified for the proposed request.
7. **All applicants who are not property owners must present a Letter of Representation, signed and notarized by the property owners.**
8. **Applications not signed and lacking any of the requested information will be deemed incomplete and will not be scheduled for a Planning and Zoning Commission review.**

ADMINISTRATIVE PERSONNEL:

APPLICATION FEE: _____

APPLICATION RECEIVED DATE: _____

COMPLETE DATE: _____

PLANNING & ZONING HEARING: _____

BOT HEARING: _____

MAILINGS DATE: _____

PUBLICATION DATE: _____

P&Z APPROVAL DATE: _____

BOT APPROVAL DATE: _____