



LAND USE APPLICATION



GENERAL / EASEMENT / MINOR SUBDIVISION / LOT CONSOLIDATION
Central City Community Development Department - PO Box 249, Central City CO 80427
(303) 582-5251

LEGAL OWNER OF PROPERTY

NAME	MAILING ADDRESS
PHONE & FAX NUMBERS	CITY, STATE, ZIP
EMAIL	PREFERRED CONTACT METHOD:

APPLICANT

NAME	MAILING ADDRESS
PHONE & FAX NUMBERS	CITY, STATE, ZIP
EMAIL	PREFERRED CONTACT METHOD:

PROPERTY INFORMATION

ADDRESS:	DATE:
PARCEL LEGAL DESCRIPTION:	AAN:
ZONING DISTRICT:	ACRES:
USE OF EXISTING BLDG.(S)	EXISTING FLOOR AREA
USE OF PROPOSED BLDG.(S)	PROPOSED FLOOR AREA USED
DESCRIPTION OF PROPOSED USE/REQUEST: (or attach letter)	

I certify that the information, plans and exhibits I have submitted are true and correct to the best of my knowledge. If submitted information is insufficient or incomplete, this application will be held in abeyance until such time that all required information is submitted or this case will be closed in 180 days following the date of application. I understand that I am consenting to allow City Staff involved in this application or their designees to enter onto and inspect the subject property at any reasonable time, without obtaining prior consent; that the owner and applicant has reviewed the relevant City regulations and that a fee is required to pay for the costs of processing and reviewing this request and is required to be paid at the time of submittal of the application and that information will be requested to consider the appropriateness and/or complete. Permits issued in error or on the basis of incorrect information supplied to the City shall be invalid.

LEGAL OWNER OF PROPERTY: _____ date: _____ 20__

Signature(s)

APPLICANT: _____ date: _____ 20__

Signature(s)

STAFF USE ONLY		
Application Areas Complete:	<input type="checkbox"/> Utilities	<input type="checkbox"/> FEE PAID \$ _____
<input type="checkbox"/> General	<input type="checkbox"/> Ownership	<input type="checkbox"/> DATE REC. _____
<input type="checkbox"/> Site Plan +	<input type="checkbox"/> Safety	<input type="checkbox"/> RECEIVED BY _____
<input type="checkbox"/> Adjacent Parcels	<input type="checkbox"/> Flood, Wildfire or Geologic Hazard Area	<input type="checkbox"/> APP. NO. _____
<input type="checkbox"/> Water	<input type="checkbox"/> Historic District	<input type="checkbox"/> APP. COMPLETE _____
<input type="checkbox"/> Sanitation	<input type="checkbox"/> Special Land Use Agreement Area	
<input type="checkbox"/> Other Project Specific Information Needed	<input type="checkbox"/> Zone	