



Land Use Application Form

_____ Amended Plat	_____ Boundary Adjustment	_____ Subdivision Exemption
_____ Annexation	_____ Sketch Plan	_____ Floodplain Development
_____ Final Plan	_____ Planned Unit Development	_____ Vacation of Right-of-Way
_____ Text Amendment	_____ Site Plan Review	_____ Re-Subdivision Final Plan
_____ Easement Agreement	_____ Zoning or Rezoning	_____ Subdivision Improvement Agreement
_____ Preliminary Plan	_____ Special Use Permit	_____ Annexation & Development Agreement
_____ Zoning Variance	_____ Other: _____	

Project Name: _____

Project Description / Property Information:

Address: _____ Parcel ID Number: _____

Legal Description (*attach additional sheets if necessary*): _____

Access to Property: _____

Acreage or Square Footage: _____ Existing Land Use Designation: _____

Proposed Land Use Designation: _____

Existing Zoning: _____ Proposed Zoning: _____

Proposed Use / Intensity of Use: _____

- Submittal Requirements:**
- Initially, a completed application with original signatures and four copies shall be submitted to the department for review. The application shall include four sets of 24" x 36" plans, plats and other appropriate drawings. Application must also be submitted in electronic format (MS Word).
 - In addition to this application, all information on the supplemental checklist must be submitted.
 - Incomplete applications will not be accepted and will delay processing.
 - When the documents are deemed adequate, additional copies as required by the department shall be submitted ten (10) days before the public hearing.
 - All documents submitted for public hearing shall be hole-punched, collated and paper-clipped (no staples). All plans, plats or drawings shall be folded to 8 1/2" x 11" and inserted into the collated application. Each individual application shall be banded together and ready for public distribution.

STAFF USE ONLY

Pre-app conference: _____ (date)	Application received: _____ (date)
Application complete: _____ (date)	File Number: _____
Fees: _____	Referrals Sent: _____ (date)
Deposits: _____	PZC approval: _____ (date)
Paid: _____ (date)	BOT approval: _____ (date)

Project Team Information (fill in all that apply) (add additional sheets of needed):

Property Owner(s): Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Authorized Rep.: Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Engineer/Designer: Name: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Billable Party: Owner _____ Representative _____ Engineer _____

The Billable Party, by signing below, hereby agrees to reimburse the Town the actual costs to the Town plus 15% administrative fees for all engineering, surveying and legal services rendered in connection with the review of the Application. 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 1.5% 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 _____ Fax _____

Signature

Type of Identification

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 herein and which is the subject of the application and proposed hearings; that all answers provided to the questions in this application, and all sketches, data and all other supplementary matter attached hereto and made part of this application are honest and true to the best of my (our) knowledge and belief. I (we) understand that this application must be complete and accurate prior to a hearing being scheduled. I (we) authorize Town staff to visit the site as necessary for proper review 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 _____)

State of _____)

ss.

Sworn to and subscribed before me this _____ day of _____, _____.

(fill in day)

(fill in month)

(fill in year)

By _____
(name printed)

Witness my hand and official seal.

(seal)

Notary Public

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 this _____ day of _____, _____ .
(fill in day) (fill in month) (fill in year)

By _____
(name printed)

Witness my hand and official seal.

Notary Public

My Commission expires: _____

Below is an **example** of a Public Notice to be submitted to the newspaper and sent by certified, return receipt mail to property owners within 200 feet. The minimum public notice requirements are as follows:

Variances:	No less than 7 days prior to public hearing
All applications regarding a Planned Unit Development:	No less than 15 days prior to public hearing
Special Use:	No less than 15 days prior to hearing
Subdivision Exemption:	No less than 7 days prior to public hearing
Preliminary Plan:	No less than 7 days prior to public hearing
Comp Plan Amendment, Sketch Plan, Zoning, Rezone, Final Plan:	No less than 15 day prior to public hearing

Public Notices shall be published once per week, in a newspaper of general circulation, no less than the number of days as listed above. Public Notices to adjoining property owners shall be sent certified, return receipt and post-

Public Notice

You are hereby notified that the Town of Silt Planning & Zoning Commission/Board of Trustees will conduct a Public Hearing to consider the following application. The Public Hearing will be held on _____, 200__ at 7:00p.m. in Council Chambers at Silt Town Hall, 231 N. 7th Street.

Applicant:

Application Request:

Legal Description: (brief legal description is sufficient)

Common Description: (street address or general location)

For more information, contact the Town of Silt Community Development Department; PO Box 70, 231 N. 7th Street or call 970/876-2353. Please provide the name of the applicant and other notice information when asking department staff about this notice.

TOWN OF SILT, PROOF OF PUBLIC NOTICE AND CERTIFICATE OF MAILING

Project: _____

I HEREBY AFFIRM THAT Public Notice requirements of the Silt Municipal Code have been met for the Public Hearing before the Silt Planning & Zoning Commission/Board of Trustees to be held on _____, 200__.

In addition, I hereby affirm that on _____ day of _____, 200__, I mailed first class, certified return receipt, a true copy of the attached Public Notice by placing the same postage prepaid in the United States Mail at _____, Colorado, addressed to those property owners on the attached list.

Attached are:

- 1. Certificate(s) of Mailing (green cards and return receipts)
- 2. Proof of publication from a newspaper of general circulation within the Town showing that prior to the meeting, the Public Notice was advertised as required per Silt Municipal Code.
- 3. List of names and mailing addresses of all surrounding property owners within 200 feet of subject property.

Name of Applicant (printed)

Signature of Applicant

Date

County of _____)

) ss.

State of _____)

Sworn to and subscribed before me this _____ day of _____, _____.
(fill in day) (fill in month) (fill in year)

By _____
Name (printed)

Witness my hand and official seal.

Notary Public

My Commission Expires: _____

LAND USE APPLICATION FEES

Application	Fee	Deposit	SMC Section
Annexation	\$1,200	\$400	16.13.040
Annexation & Development Agreement amendment	\$400	\$400	16.13.130
Boundary Adjustment/Lot Line	\$100	\$0	16.04.907
Condominiumization	See Major	Subdivision	16.05.110
Easement Agreement and Amendments	\$500	\$500	2.44.110
Intergovernmental Agreement and Amendments	\$500	\$500	2.44.100
Major Subdivision-Sketch Plan	\$500	\$500	16.04.120
Major Subdivision-Preliminary Plan	\$800	\$800	16.04.180
Major Subdivision-Final Plan	\$500	\$500	16.04.270
Sign Exception	\$70	\$0	
Fence Exception	\$70	\$0	
Replat or Re-subdivision	\$500	\$0	16.04.945
Site Plan Review- Commercial/Multi-Family	\$500	\$0	17.42.030
Special Use Permit	\$250	\$0	17.78.040
Minor Subdivision-Sketch/Final	\$500	\$500	16.04.906
Subdivision Improvement Agreement Amendment	\$400	\$400	16.04.315
Vacation of Right of Way	\$400	\$400	2.44.120
Zoning Variance	\$250	\$0	17.84.080
Zoning or Rezoning	\$500	\$100	16.12.410

****Deposits must be included with application submittal. The deposit is used as security for department staff and consultant time to review the project application. 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.***

ATTACHMENTS/EXHIBITS MUST BE COMPLETE FOR SUBMITTAL.

Incomplete applications **will not** 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 (Microsoft Word).
- 7] ___ A diskette, compatible with the Town of Silt GIS system, must be submitted before final recording of land use action. Mylars will not be signed prior to submittal of GIS disk. (For GIS information, call the Community Development Department, (970)876-2353.) Please do not print Final Plat Mylars until you receive approval by Town staff.

Town of Silt Community Development

231 N. 7th Street, Silt Colorado 81652; (970)876-2353 ext. 108



LAND USE ACTIVITY IMPACT STATEMENT

Name of Applicant: _____ Date: _____

Location of Property: _____

Land Use Request: _____

Please answer the following questions to the best of your ability. Attach additional pages as needed.

1. Is your request compatible with the Silt Municipal Code? Yes/No
2. Is your request compatible with the Silt Comprehensive Plan? Yes/No
If not, how is your request useful to the Town of Silt?

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.

200' PROPERTY OWNERS LIST

Each applicant must submit the mailing addresses of all property owners within 200 feet of the subject property or activity.

Name _____

Address _____

Mailing Address _____

Town/City _____ Zip _____

Name _____

Address _____

Mailing Address _____

Town/City _____ Zip _____

Name _____

Address _____

Mailing Address _____

Town/City _____ Zip _____

Name _____

Address _____

Mailing Address _____

Town/City _____ Zip _____

200' PROPERTY OWNERS LIST

Each applicant must submit the mailing addresses of all property owners within 200 feet of the subject property or activity.

Name _____

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Address _____

Mailing Address _____

Town/City _____ Zip _____

Name _____

Address _____

Mailing Address _____

Town/City _____ Zip _____

Name _____

Address _____

Mailing Address _____

Town/City _____ Zip _____

Name _____

Address _____

Mailing Address _____

Town/City _____ Zip _____

PETITION FOR ANNEXATION

TO: THE TOWN CLERK AND THE BOARD OF TRUSTEES OF THE TOWN OF SILT,
COLORADO

The undersigned, in compliance with the "Municipal Annexation Act of 1965," C.R.S. §31-12-101 et seq., as amended, hereby petition(s) the Board of Trustees of the Town of Silt, Colorado, for annexation to the Town of Silt, the following described unincorporated territory located in the County of Garfield, State of Colorado, and more particularly described in Exhibit A, attached hereto and incorporated herein by this reference. In support of said Petition for Annexation, the undersigned submits the attached annexation map, and states and alleges as follows:

1. It is desirable and necessary that the property described in Exhibit A be annexed to the Town of Silt, Colorado.
2. The requirements of C.R.S. §§31.12-104 and 31-12-105, as amended, exist and have been met as follows:
 - a. Not less than one-sixth (1/6) of the perimeter of the area proposed to be annexed is contiguous with the Town of Silt, Colorado.
 - b. A community of interest exists between the Town and the area proposed to be annexed to the Town of Silt, Colorado.
 - c. The area proposed to be annexed is urban or will be urbanized in the near future.
 - d. The area proposed to be annexed is integrated or is capable of being integrated with the Town of Silt, Colorado.
 - e. In establishing the boundaries of the area proposed to be annexed, no real property held in identical ownership, whether consisting of one tract or parcel of real estate or two or more contiguous tracts or parcels of real estate, will be divided into separate parts or parcels without the written consent of the landowners.
 - f. In establishing the boundaries of the area proposed to be annexed, no real property held in identical ownership, whether consisting of one tract or parcel of real estate or two or more contiguous tracts or parcels of real estate, comprising twenty (20) acres or more (which together with the buildings and improvements situated thereon has a valuation for assessment in excess of \$200,000.00 for ad valorem tax purposes for the year next preceding the annexation) shall be included without the written consent of the landowners.
 - g. The property proposed for annexation is not presently part of any incorporated city or town, nor have annexation proceedings been commenced for the annexation of part of all of such property to another municipality.

- h. The proposed annexation will not result in the detachment of real property from any school district and the attachment of same to another school district.
- i. The proposed annexation will not have the effect of extending the municipal boundary more than three (3) miles in any direction in one (1) year.

3. The undersigned is the owner of 100 percent of the real property proposed to be annexed, and hereby consents to the establishment of the boundaries of this property as shown on the annexation plat submitted herewith.

4. No election for annexation to the Town of Silt, Colorado, has been initiated for the real property to be annexed hereunder within the preceding twelve (12) months.

5. The mailing address of the Petitioner is as follows:

WHEREFORE, the undersigned requests that the Town approve the annexation of the territory to be annexed.

Signed this _____ day of _____, 200__.

STATE OF COLORADO)
) §
COUNTY OF GARFIELD)

Acknowledged, subscribed, and sworn to before me this _____ day of _____, 200__,
by _____ and _____.

WITNESS my hand and official seal.

My Commission expires: _____.

Notary Public

AFFIDAVIT OF CIRCULATOR

STATE OF COLORADO)
) §
COUNTY OF GARFIELD)

The undersigned, being duly sworn, states as follows:

1. He is over 21 years of age;
2. He was the circulator of the Petition attached hereto; and
3. Each signature thereon is the signature of the person that it purports to be.

STATE OF COLORADO)
) §
COUNTY OF GARFIELD)

Acknowledged, subscribed, and sworn to before me this ____ day of _____, 200_,
by _____.

WITNESS my hand and official seal.

My Commission expires: _____.

Notary Public

TOWN OF SILT ANNEXATION APPLICATION

Name of Applicant: _____

Applicant's (Billing) Address: _____

Property Owner: _____

Address: _____

Attach Legal Description of Property to be annexed: Yes/No

Attach Annexation Map: Yes/No

Attach Vicinity Map (in 8.5 inch x 11 inch): Yes/No

Number of Acres or Square Feet included in Annexation Request: _____

Present Zoning: _____

Proposed Zoning: _____

REQUIRED INFORMATION – 1-7 ON ATTACHED IMPACT CHECKLIST

Fee: \$1200 + Consultant fees + 15% Administrative fee (based on Consultant charges)

I certify that the information and exhibits herewithin submitted are true and correct to the best of my knowledge, and that in filing this application, I am acting with knowledge and consent of the person (s) listed above without whose consent the requested action cannot lawfully be accomplished.

Name (please print) _____

Signature _____ Date _____

Address _____

Capacity: (Owner, agent, surveyor, engineer, etc.) _____

Date submitted: _____

Application complete? Yes/No

First Meeting Board of Trustee (date): _____

Second Meeting (Public Hearing) Board of Trustee (date): _____

TOWN OF SILT

IMPACT STATEMENT FOR LAND USE ACTIVITY

Name of Applicant: _____ Date: _____

Location of Property: _____

Land Use Request: _____

Please answer the following questions to the best of your ability:

1. Is your request compatible with the Silt Municipal Code? Yes/No
2. Is your request compatible with the Silt Comprehensive Plan? Yes/No
If not, how is your request useful to the Town of Silt?
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.)

(Note: More than likely, all above apply, and the town will require that each issue be discussed at a public meeting. Please submit in writing for review by Community Development Department at application submittal.)

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

Blank lined paper with horizontal ruling lines.

ANNEXATION CHECKLIST

- _____ Conference/Application & Petition Forms given – date _____
- _____ Application and Petition Received – date _____
- _____ Fee payment
- _____ Letter of Intent
- _____ Proof of property ownership
- _____ Impact statement
- _____ Site location and Annexation maps
- _____ Petition signed
- _____ Copies for review and adjacent property owners with addressed envelopes
- _____ Staff review packets sent
- _____ Pre-Annexation Agreement (if applicable)
- _____ Schedule meeting for substantial compliance
- _____ Resolution of substantial compliance completed
- _____ Board of Trustee Meeting
- _____ Resolution of substantial compliance approved and signed
- _____ Public Hearing Date
- _____ Public Notice submitted to newspaper (once/wk for 4 wks, 1st 30 days prior)
- _____ Petition or resolution of compliance
- _____ Notice of hearing
- _____ Planning & Zoning Commission recommendation to Board of Trustees
- _____ Certified packets to review agencies 25 days before hearing
- _____ Notice
- _____ Petition
- _____ Resolution of substantial compliance
- _____ Impact report to engineer, county and attorney
- _____ Notice to adjacent property owners 10 days prior to hearing
- _____ Resolution of findings of fact prepared
- _____ Annexation ordinance prepared
- _____ 3 mylars received
- _____ Signature blocks ok
- _____ Signed by County Surveyor
- _____ Board of Trustees Public Hearing
- _____ Mylars signed (all signature blocks)
- _____ Resolution of findings of fact signed
- _____ Pre-Annexation Agreement signed (if applicable)
- _____ Mylars and annexation ordinance recorded
- _____ Ordinance received from Clerk and Recorder
- _____ Mylars delivered to public works