



GENERAL APPLICATION FORM

Application File No. _____

1) ACTION REQUESTED

- | | | | |
|----------------------------|--------------------------|------------------------------|--------------------------|
| Rezoning | <input type="checkbox"/> | Variance | <input type="checkbox"/> |
| Subdivision Approval | <input type="checkbox"/> | Sign Variance | <input type="checkbox"/> |
| Sketch Plan | <input type="checkbox"/> | Performance/Other Bond | <input type="checkbox"/> |
| Preliminary Plan | <input type="checkbox"/> | Temporary Use Permit | <input type="checkbox"/> |
| Final Plat | <input type="checkbox"/> | Petition for Time Extension | <input type="checkbox"/> |
| Plat Correction | <input type="checkbox"/> | Zoning Text Amendment | <input type="checkbox"/> |
| Plat Amendment | <input type="checkbox"/> | Comprehensive Plan Amendment | <input type="checkbox"/> |
| Plat Vacation | <input type="checkbox"/> | Conditional Use Permit(s) | <input type="checkbox"/> |
| Easement Vacation | <input type="checkbox"/> | CUP/Other | <input type="checkbox"/> |
| Subdivision Exemption | <input type="checkbox"/> | CUP/Travel Trailer Park | <input type="checkbox"/> |
| Certif. of Appropriateness | <input type="checkbox"/> | CUP/Mobile Home Park | <input type="checkbox"/> |
| Lot Consolidation | <input type="checkbox"/> | Lot Line Adjustment | <input type="checkbox"/> |
| Other Action(s) (specify) | <input type="checkbox"/> | | |

2) APPLICANT STATUS

Date of Application: _____
 Received by: _____
 Application Fees Required: _____
 Date Fee Paid: _____

Date(s) App. Acted On:	Action Taken:

3) APPLICANT AND OWNER INFORMATION

Name of Applicant: _____
 Property Address: _____

Mailing Address of Applicant if other than property address: _____

Telephone: _____

Land Owner*: _____

Address: _____

Telephone: _____

* List Landowner(s) individually if other than applicant

4) SUMMARY OF APPLICATION

Land Area Included Within the Scope
of This Application: _____
Location of Land: _____
Existing Zoning Districts: _____
Proposed New District(s): _____
Number of Existing Lots: _____
Number of Proposed Lots: _____
Number of Proposed Dwelling: _____
Proposed Average Lot Size: _____

If this is a Variance Request, Type and Cause of Non-conformance: _____

Will the Proposed Development Require any State or Federal Permits _____ (Yes/No)

If yes, which Permits: _____

Additional Pertinent Information: _____

5) CERTIFICATION BY THE APPLICANT

I hereby state that this application is made with full knowledge of the design standards, procedures, disclaimers (see especially Titles 17.06 and 17.30.040) and other provisions of the Leadville Zoning Ordinance/Municipal Code pertaining to this application:

Signature of Applicant: _____ Date: _____

6) FINAL ACTION

Approved Conditionally Approved or Denied by the authorized Leadville permitting authority:

Name: _____ Signature: _____

Title: _____ Date: _____