

D. APPLICANT INFORMATION:

Name: _____
 Phone: _____ Fax: _____
 Mailing Address: _____

Physical Address: _____
 E-Mail Address: _____

Applicant Signature: _____

E. PROJECT COORDINATOR OR PRIMARY CONTACT (If different from above):

Name: _____
 Phone: _____ Fax: _____
 Mailing Address: _____

Physical Address: _____
 E-Mail Address: _____

F. CONSULTANTS:

Name of Firm: _____
 Contact: _____ Phone: _____ Fax: _____

Name of Firm: _____
 Contact: _____ Phone: _____ Fax: _____

Name of Firm: _____
 Contact: _____ Phone: _____ Fax: _____

Name of Firm: _____
 Contact: _____ Phone: _____ Fax: _____

G. SUBMITTAL REQUIREMENTS:

A complete application package shall be submitted prior to beginning review of any application. Each application submitted for review shall include the minimum number of copies as indicated in the chart below. The Director shall have the discretion to modify any submittal requirements based upon the number of individuals and entities that need to review the application. Additional copies may be required at the planner's request.

APPLICATION	PLAN ORIGINALS	PLAN COPIES	PLAN REDUCTIONS (11" X 17")	REPORTS & SUPPORTING INFORMATION
1	1 set	2 <i>(Applications for a COU, FP, MEM, LLA & LLE will need <u>10 Folded</u> Plan Copies)</i>	1	1

*** NOTE: Public Notification is required for a Minor Exterior Modification (MEM) Final Plats (FP), Minor Adjustment (MA) & Change of Use (COU). A list (not the labels) of surrounding property owners (300 s.f.) is required, along with all other submittal requirements at the time of application check-in.**

H. PERSONS IN INTEREST:

Names of all persons and companies (not including mortgage companies) who hold an interest in the described real property, whether as owner, lessee, optionee, etc. Application will not be accepted without the required signatures or letter of authorization. Attach additional sheets as necessary. See Next Page.

➤ Owner(s): _____ Signature: _____
Interest: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

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Interest: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

➤ Owner(s): _____ Signature: _____
Interest: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

➤ Owner(s): _____ Signature: _____
Interest: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

I. CERTIFICATION:

(This certification may be completed by an applicant, owner or other representative)

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

Name: _____ Signature: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____
Title: _____

For Office Use Only:

Application received by: _____

Date/Time: _____ Fee Paid: _____ Check # _____

Application Complete: Yes _____ No _____

If application is incomplete, list missing or incomplete items:

1. _____
2. _____
3. _____

DEPARTMENT OF PLANNING SERVICES
124 10th STREET
P.O. BOX 775088
STEAMBOAT SPRINGS, COLORADO 80477
(970) 879-2060

PROOF OF OWNERSHIP AFFIDAVIT

I, _____, being duly sworn under oath, hereby depose, confirm and acknowledge that the following facts are true, correct and complete:

1. The attached printout from the Routt County Assessors Office is a true and correct copy of proof of the ownership of the property by _____(name)

Or

The attached Warranty Deed is a true and correct copy of ownership of the stated property showing _____ as the grantee.

Or

As of the date of this Affidavit, I hereby swear and subscribe that to the best of my knowledge, _____ is the owner of the property described in the above mentioned attachments.

2. To the best of my knowledge, the following is true:

Corporate Officers: _____
LLC Manager: _____
LLC Members: _____
Partners: _____

APPLICANT:

STATE OF COLORADO)
) ss.
COUNTY OF ROUTT)

Subscribed and sworn to before me this ____ day of _____, 200_, by _____, for the Applicant.

Witness my hand and official seal.

My commission expires: _____

Notary Public