

CONCEPT REVIEW APPLICATION

Project Name:

The Town of Timnath reserves the right to reject incomplete submittals, per the Code requirements. Please submit completed application and required materials for staff review prior to a meeting with the Community Development Department.

Project Name: _____

Project Address/Location: _____

Existing Zoning: _____ **Proposed Zoning:** _____ **Existing PD Overlay:** Yes No

Is this property part of the Harmony Corridor? Yes No

Refer to section 5.10 of the Land-Use Code to ensure the project conforms to Harmony Corridor Standards prior submitting application.

APPLICANT:

Name: _____ **Company:** _____

Address: _____

Phone #: _____ **Email:** _____

OWNER/AUTHORIZED REPRESENTATIVE:

Name: _____ **Company:** _____

Address: _____

Phone #: _____ **Email:** _____

Concept Review Checklist:

<input type="checkbox"/>	Completed checklist with property owner’s authorized representative information
<input type="checkbox"/>	Narrative description of proposed concept. For site plans include proposed number of employees, type of business, number of units, etc. Narrative shall also include a description of all structures to be built on the site including: size quantity, use and number of units per structure. For residential include proposed number of lots, lot sizes, density (single, multi-family etc.) Include any modifications to the Land Use Code if applicable.
<input type="checkbox"/>	Concept drawing, including all information required below

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Concept Drawing Checklist:

<input type="checkbox"/>	Concept drawings shall be legible and accurately drawn to an appropriate scale
<input type="checkbox"/>	Indication of drawing scale and symbol designating true north
<input type="checkbox"/>	Property address, legal description (township, range, lot, block, subdivision) or location depicted on a vicinity map
<input type="checkbox"/>	Names, addresses and phone numbers of the applicant and firms or person responsible for preparing the drawing
<input type="checkbox"/>	Building height(s) (if applicable)
<input type="checkbox"/>	Indication of proposed landscape areas depicted by cross-hatching of areas & include percentage of planned open space (actual plant material and details not required for concept review)
<input type="checkbox"/>	Distances from proposed and existing structures to all property lines (for site plans)
<input type="checkbox"/>	The location and dimensions of all proposed and existing easements, rights-of-way, access points, paved areas, structures and their uses, and detention ponds



Planning Department
970-224-3211

LAND USE APPLICATION

Project Name:

I. Application is made for:

- | | |
|--|---|
| <input type="checkbox"/> Administrative Plat \$50 | <input type="checkbox"/> Planned Development Overlay \$500 |
| <input type="checkbox"/> Administrative Waiver \$100 | <input type="checkbox"/> Preliminary Plat \$500 + \$10 per lot over 25 lots |
| <input type="checkbox"/> Annexation Application \$500 + 150 per acre | <input type="checkbox"/> Rezoning \$500 |
| <input type="checkbox"/> Annexation Petition \$500 + \$300 per acre | <input type="checkbox"/> Sketch Plan \$250 |
| <input type="checkbox"/> Comprehensive Plan Amendment \$250 | <input type="checkbox"/> Site Plan \$500 |
| <input type="checkbox"/> Conditional Use \$100 | <input type="checkbox"/> Variance \$50 |
| <input type="checkbox"/> Final Plat \$500 | <input type="checkbox"/> Wireless Telecom Facility \$250 |
| <input type="checkbox"/> Minor Subdivision \$100 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Modification to Prior Approval \$250 | |

II. Project Name: _____

- Signed Fee Agreement; New Agreement Amount: \$ _____ or Use Existing

III. Contact information: *(please attach any additional contacts)*

Owner: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____
Applicant: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____

IV. Property Description:

Address or Location: _____

Existing Zoning: _____ Existing Use: _____

Proposed Zoning: _____ Proposed Use: _____

V. Purpose of Application: *(please attach any additional information)*



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VI. Certification: *Must be signed with **BLUE INK**.*

OWNER CERTIFICATION OF COMPLETED APPLICATION

Signed: _____ Date: _____

APPLICANT CERTIFICATION OF COMPLETED APPLICATION

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Signed: _____ Date: _____
