

# CONDITIONAL USE CHECKLIST

Case#: CU- \_\_\_\_\_ - \_\_\_\_\_

Proj. Name: \_\_\_\_\_  
(Fee Agreement)

*Permits for Oil and Gas Drilling and Production require a different Technical Criteria Form.*

APP.	TOWN
<input type="checkbox"/> Pre-Application Conference, <i>optional</i>	<input type="checkbox"/>
<input type="checkbox"/> Application Fee; CK#: _____ ; Amt: \$ _____	<input type="checkbox"/>
<input type="checkbox"/> Signed Fee Agreement	<input type="checkbox"/>
<input type="checkbox"/> Poudre Fire Authority Development Review Fee of \$ _____ .	<input type="checkbox"/>
<input type="checkbox"/> Current Title Commitment Dated less than 30 days from date of application submittal.	<input type="checkbox"/>
<input type="checkbox"/> Written statement and any graphics necessary	<input type="checkbox"/>
<input type="checkbox"/> Proposed Site Development Map	<input type="checkbox"/>
<input type="checkbox"/> Preliminary building plans and elevations	<input type="checkbox"/>
<b>Application Certification of Completion</b> Town must certify application is complete and in compliance with all submittal requirements OR reject it as incomplete and notify Applicant of any deficiencies. If <b>rejected</b> , Staff must prepare a report identifying any issues of concern that must be addressed and forward it to the Applicant. All documents requiring a signature must be signed in <b>BLUE INK</b> .	<input type="checkbox"/>

**Project Name:** \_\_\_\_\_

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

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Description:**

Address or Location: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Planning Department  
970-224-3211

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

## OWNER CERTIFICATION OF COMPLETED APPLICATION

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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: \_\_\_\_\_

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