



# SPECIAL USE REVIEW APPLICATION



## GENERAL

Gilpin County Community Development Department - PO Box 661, Central City CO 80427 (303) 582-5831

### LEGAL OWNER OF PROPERTY

NAME	MAILING ADDRESS
PHONE & FAX NUMBERS	CITY, STATE, ZIP
EMAIL	PREFERRED CONTACT METHOD:

### APPLICANT

NAME	MAILING ADDRESS
PHONE & FAX NUMBERS	CITY, STATE, ZIP
EMAIL	PREFERRED CONTACT METHOD:

### PROPERTY INFORMATION

ADDRESS:	DATE:
PARCEL LEGAL DESCRIPTION:	AAN:
ZONING DISTRICT:	ACRES:
USE OF EXISTING BLDG.(S)	EXISTING FLOOR AREA
USE OF PROPOSED BLDG.(S)	PROPOSED FLOOR AREA USED
DESCRIPTION OF PROPOSED USE: (or attach letter)	

**Directions:** Type or print. Read and comply with all instructions, and provide necessary detail to all areas identified. Provide all requested materials. Submit one application with all attachments to the County Planner for initial review and comment. Review and processing of this application will not officially begin until it has been accepted as complete by authorized County staff or their representatives. You will generally be notified within two weeks if the application is complete. Contact County Staff if you have questions.

### STAFF USE ONLY

#### Application Areas Complete:

- |  |  |
|--|--|
| <input type="checkbox"/> General                                   | <input type="checkbox"/> Utilities                               |
| <input type="checkbox"/> Site Plan +                               | <input type="checkbox"/> Ownership                               |
| <input type="checkbox"/> Adjacent Parcels                          | <input type="checkbox"/> Safety                                  |
| <input type="checkbox"/> Water                                     | <input type="checkbox"/> Flood, Wildfire or Geologic Hazard Area |
| <input type="checkbox"/> Sanitation                                | <input type="checkbox"/> Mineral Resource Area                   |
| <input type="checkbox"/> Other Project Specific Information Needed | <input type="checkbox"/> Special Land Use Agreement Area         |
| _____  | <input type="checkbox"/> Zone                                    |

- FEE PAID \$ \_\_\_\_\_
- DATE REC. \_\_\_\_\_
- RECEIVED BY \_\_\_\_\_
- APP. NO. \_\_\_\_\_
- APP. COMPLETE \_\_\_\_\_

<b>Submittals must include written statements or graphics regarding the following:            Check and explain on a separate sheet for each box indicated as it relates to this permit request</b>	
<b>General</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Description of Proposed Use</li> <li><input type="checkbox"/> Reasons for the Special Use</li> <li><input type="checkbox"/> Number of Employee/Volunteers</li> <li><input type="checkbox"/> Anticipated Attendance</li> <li><input type="checkbox"/> Expected Trips per Day</li> <li><input type="checkbox"/> Traffic Control Mechanism</li> <li><input type="checkbox"/> Proposed Security Control</li> <li><input type="checkbox"/> Hours/Dates/Seasons of operation</li> <li><input type="checkbox"/> Food or Beverages to be Served</li> <li><input type="checkbox"/> Noise Level Expected</li> <li><input type="checkbox"/> Heavy Equipment Used</li> <li><input type="checkbox"/> Lighting</li> <li><input type="checkbox"/> Locations of Temporary Structures and/or Fences</li> <li><input type="checkbox"/> Chemical Usage</li> <li><input type="checkbox"/> Emissions Related to Use</li> </ul>	<b>Site Plan, Vicinity Map &amp; Floor Plan</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Site Plan showing access to public road (attach easement if applicable), property lines and setbacks, driveway locations and specification (grade, width, radius), parking and circulations, septic location</li> <li><input type="checkbox"/> Vicinity Sketch Map</li> <li><input type="checkbox"/> Number and Location of Parking Spaces Provided</li> <li><input type="checkbox"/> Location of other items/areas described</li> <li><input type="checkbox"/> Location of Event or Event Route, List all Roads Affected</li> <li><input type="checkbox"/> Site Access Documentation</li> <li><input type="checkbox"/> Culvert or other Drainage Treatment</li> <li><input type="checkbox"/> Floor Plan of Structure Associated with Use</li> </ul>
<b>Adjacent Parcels</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The names and address of all adjacent owners. Include parcels separated from the subject parcel(s) by easements, right-of-way or roads, and parcels which touch a corner of the subject parcel(s).</li> </ul>	<b>Utilities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gas, Phone &amp; Electricity on site</li> <li><input type="checkbox"/> Do these utilities have adequate capacity for the proposed use?</li> <li><input type="checkbox"/> Plans to expand these utilities for this use</li> </ul>
<b>Sanitation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Expected Sewer/ Sewage Needs</li> <li><input type="checkbox"/> Number and Location of Toilets</li> <li><input type="checkbox"/> Describe the proposed method of sewage treatment and disposal</li> </ul>	<b>Water</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Expected Water Source (Bottled, Well or other)</li> </ul>
<b>Ownership</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of Ownership of the Site</li> <li><input type="checkbox"/> Owner(s) signed the Application</li> <li><input type="checkbox"/> Applicant signed the Application</li> <li><input type="checkbox"/> Property Tax Current</li> </ul>	<b>Safety</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is the property located in an existing fire district?</li> <li><input type="checkbox"/> Identify any safety or mitigating measures proposed to ensure that the use will be harmonious with the character of the surrounding community or otherwise promote the health, welfare and safety of Gilpin County.</li> </ul>

I certify that the information, plans and exhibits I have submitted are true and correct to the best of my knowledge. If submitted information is insufficient or incomplete, this application will be held in abeyance until such time that all required information is submitted or this case will be closed in 180 days following the date of application. I understand that I am consenting to allow County Staff involved in this application or their designees to enter onto and inspect the subject property at any reasonable time, without obtaining prior consent; that the owner and applicant has reviewed the County Zoning Regulations, the County Master Plan and that a fee is required to pay for the costs of processing and reviewing this request and is required to be paid at the time of submittal of the application and that the information requested is the minimum required to consider the appropriateness of this request and other information may be requested, and that it takes a minimum of 60 days from the time of submittal of a complete application to receive a final decision by the Board of County Commissioners. It is understood and agreed to that all publishing and noticing costs will be charged to the applicant, and that if payment is not received in 30 days the owner hereby agrees to the certification of those direct costs along with a ten percent penalty for the cost of collection, in the same manner as other taxes are collected upon the original parcel subject to the land use application.

LEGAL OWNER OF PROPERTY: \_\_\_\_\_ date: \_\_\_\_\_ 20\_\_\_\_  
Signature(s)

APPLICANT: \_\_\_\_\_ date: \_\_\_\_\_ 20\_\_\_\_  
Signature(s)