



TOWN OF EAGLE
 COMMUNITY DEVELOPMENT
 200 BROADWAY • PO BOX 609 • EAGLE, CO 81631
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 EMAIL: PLANNING@TOWNOFEAGLE.ORG
 www.townofeagle.org

LAND USE & DEVELOPMENT APPLICATION
Pursuant to the Land Use & Development Code, Title 4

| | | |
|---|--|--|
| <p style="text-align: center;">ZONING REVIEW</p> <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Zoning Variance <input type="checkbox"/> Rezoning <input type="checkbox"/> Temporary Use Permit <input type="checkbox"/> Amendment to Zone District Regulations <input type="checkbox"/> Encroachment Permit <input type="checkbox"/> Wireless Communications Facility | <p style="text-align: center;">DEVELOPMENT REVIEW</p> <input type="checkbox"/> Minor Development Permit <input type="checkbox"/> Major Development Permit <p style="text-align: center;">PLANNED UNIT DEVELOPMENT (PUD) REVIEW</p> <input type="checkbox"/> PUD Zoning Plan <input type="checkbox"/> PUD Development Plan | <p style="text-align: center;">SUBDIVISION REVIEW</p> <input type="checkbox"/> Concept Plan <input type="checkbox"/> Preliminary Plan <input type="checkbox"/> Final Plat <input type="checkbox"/> Lot Line Adjustment <input type="checkbox"/> Condominium / Townhouse <input type="checkbox"/> Minor Subdivision |
|---|--|--|

PROJECT NAME _____

PRESENT ZONE DISTRICT _____ PROPOSED ZONE DISTRICT _____
 (if applicable)

LOCATION

STREET ADDRESS _____

PROPERTY DESCRIPTION

SUBDIVISION _____ LOT(S) _____ BLOCK _____
 (attach legal description if not part of a subdivision)

DESCRIPTION OF APPLICATION/PURPOSE _____

APPLICANT NAME _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

OWNER OF RECORD _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

REPRESENTATIVE* _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

*A representative must submit an affidavit or power of attorney signed by the property owner of record authorizing the representation.

APPLICATION SUBMITTAL ITEMS:

The following submittal materials must be submitted in full before the application will be deemed complete (please check all items that are being submitted):

- Applicable fees and deposits.
- Project Narrative, describing the project, its compliance with any applicable review criteria, any impacts to the surrounding area, and any other relevant information.
- Surrounding and interested Property Ownership Report (see project specific checklist for more information).
- Proof of Ownership (ownership & encumbrance report) for subject property.
- Site Plan, drawn to scale and depicting the locations and boundaries of existing and proposed lots and structures.
- Project specific checklist.

FEES AND DEPOSITS:

See Eagle Municipal Code Section 4.03.080

1. Application fees shall be paid in full at the time of the filing of the application and unless paid, the application shall not be deemed complete. All fees are nonrefundable.
2. As described in Eagle Municipal Code § 4.03.080, third-party consultants may be necessary for the review and processing of applications. These costs ("pass-through costs") must be paid by the applicant. If pass-through costs are expected, the applicant must pay a deposit at the time the application is filed. If at any time the deposit does not fully cover the pass-through costs, the applicant must pay another subsequent deposit before the Town will continue processing the application.
3. The Town may withhold the recording of any Subdivision Final Plat or Development Plan or the signing of any Resolution or Ordinance until all pass-through fees are paid in full.
4. Within 30 days of approval or denial of an application, any remaining deposit shall be returned to the applicant. If an application is withdrawn, any remaining deposit shall be returned to the applicant within 60 days.

I have read the application form and certify that the information contained herein is correct and accurate to the best of my knowledge. I understand that it is my responsibility to provide the Town with accurate information related to this application. I UNDERSTAND THAT FILING AN APPLICATION IS NOT A GUARANTEE THAT THE APPLICATION WILL BE APPROVED.

Signature

Date

| | | | |
|-------------------------------|-----------------|-------------------|--|
| FOR OFFICE USE ONLY | | | |
| DATE RECEIVED _____ | BY _____ | FILE NUMBER _____ | |
| REVIEW FEE _____ | DATE PAID _____ | RECEIVED BY _____ | |
| DATE CERTIFIED COMPLETE _____ | BY _____ | | |
| P&Z HEARING DATE _____ | DECISION _____ | | |
| TC HEARING DATE _____ | DECISION _____ | | |