



GENERAL DEVELOPMENT APPLICATION

448 East First Street, Suite 112
Salida, CO 81201
Phone: 719-530-2626 Fax: 719-539-5271
Email: planning@cityofsalida.com

1. TYPE OF APPLICATION (Check-off as appropriate)

- Annexation
- Pre-Annexation Agreement
- Variance
- Appeal Application (Interpretation)
- Certificate of Approval
- Creative Sign Permit
- Historic Landmark/District
- License to Encroach
- Text Amendment to Land Use Code
- Watershed Protection Permit
- Conditional Use
- Administrative Review:
(Type)_____
- Limited Impact Review:
(Type)_____
- Major Impact Review:
(Type)_____
- Other:_____

2. GENERAL DATA (To be completed by the applicant)

A. Applicant Information

Name of Applicant: _____

Mailing Address: _____

Telephone Number: _____ FAX: _____

Email Address: _____

Power of Attorney/ Authorized Representative: _____
(Provide a letter authorizing agent to represent you, include representative's name, street and mailing address, telephone number, and FAX)

B. Site Data

Name of Development: _____

Street Address: _____

Legal Description: Lot _____ Block _____ Subdivision _____ (attach description)

Disclosure of Ownership: List all owners' names, mortgages, liens, easements, judgments, contracts and agreements that run with the land. (May be in the form of a current certificate from a title insurance company, deed, ownership and encumbrance report, attorney's opinion, or other documentation acceptable to the City Attorney)

I certify that I have read the application form and that the information and exhibits herewith submitted are true and correct to the best of my knowledge.

Signature of applicant/agent _____ Date _____

Signature of property owner _____ Date _____

Staff Use Only

Permit #:_____ Staff member assigned:_____ Public meeting Date:_____

Staff Comments:_____

Fee:_____ Receipt #:_____