

LAND DEVELOPMENT APPLICATION
Town of Morrison
321 Colorado Highway 8, Morrison, Colorado 80465
Telephone: 303-697-8749 Fax: 303-697-8752

Project Name: _____ Case No.: _____

Property Address: _____

Project Description: _____

Is property within Town limits? Yes No Present Zoning: _____

Name of existing Official Development Plan: _____

Name of existing Subdivision Plat: _____

Parcel Size: _____ Acres/Square Feet Jefferson County Assessor's I.D. No.(s): _____

Existing Use: _____

Application Fee Attached: Yes No Amount: \$ _____

ACTION REQUESTED:

Annexation _____ acres of land and _____ acres of right-of-way Flood Plain Development Permit

Zoning / Rezoning from: _____ to: _____ Building Permit

Subdivision: Preliminary Map Major or Minor _____ existing lots _____ proposed lots

Final Plat Major or Minor _____ existing lots _____ proposed lots

Proposed Subdivision Name: _____

Lot Line Adjustment Error Correction Special Use Permit Utility Review

Vacation of Easement Right-of-Way Variance

Final Site Plan Existing Building Square footage: _____ Total Proposed Building Sq. Ft.: _____

Site Plan Amendment Existing Building Square footage: _____ Total Proposed Building Sq. Ft.: _____

Official Development Plan Modification: Minor Major Business License Sales Tax License

Land Disturbance Permit Alcohol Beverage License Health Certificate Temporary Use

Site Improvement- Historic Overlay District

APPLICATION INFORMATION: Property Owner? Yes No

Name: _____ Phone: _____

Firm: _____ Email: _____ Fax: _____

Address: _____

ARCHITECT / PLANNING CONSULTANT INFORMATION

Contact Person's Name: _____ Phone: _____

Firm: _____ Email: _____ Fax: _____

Address: _____

ENGINEERING CONSULTANT INFORMATION

Contact Person's Name: _____ Phone: _____

Firm: _____ Email: _____ Fax: _____

Address: _____

PROPERTY OWNER INFORMATION: List legal name and address of all persons and/or entities holding any sort of interest in the property which is the subject of the land development application. Attach additional sheets if necessary. Please see reverse side of this application for ownership documents to be submitted along with application.

INDIVIDUAL OWNERSHIP

Name: _____ Phone: _____

Fax: _____ Email: _____

Address: _____

CORPORATE OWNERSHIP

Name of Corporation: _____

Address: _____

State of Registration: _____ Phone Number: _____

Name of Officers: _____

President

Vice President

Secretary

PARTNERSHIP

Name of Partnership: _____

Address: _____

State of Registration: _____ Phone Number: _____

List of Partners: Name: _____

Address: _____

Name: _____

Address: _____

CERTIFICATION: I hereby certify that to the best of my knowledge and belief, all information supplied with this application is true and accurate and that consent of the property owner listed above, without which the requested action cannot lawfully be accomplished, has been granted. Permission is also hereby granted to the Town of Morrison staff to physically enter upon and inspect the subject property and take photographs as necessary for preparation of the case.

SIGNATURE OF APPLICANT: _____

DATE: _____