## SAGUACHE COUNTY LAND USE

PO BOX 326 – SAGUACHE, CO 81149 719-655-2321 FAX 719-655-2635

## APPLICATION FOR SUBDIVISION

City	and St	ratePhone
_ega	al Desc	cription of Property
٨.		LICATION CONDITIONS
٦.	1.	This is a proposal is divide a parent parcel of land consisting of acres into
	1.	tracts consisting of acres each.
	2	•
	2.	All lots shall have access to public road (name of road):
	2	This access is assured by arrangements.
	3.	An adequate water supply can and will be provided by
		The Colorado Division of water Resources permit number for this source is
		(Water Court Decree or approved augmentation plan may be substituted for this permit
		number if attached.)
	4.	Adequate sewage disposal facilities can and will be provided through
		·
	5.	Utilities will be provided by the following arrangements:
		Electricity:
		Telephone:
		Other:
	6.	Present Use of Land
	7.	Intended or proposed use for the tract(s) will be:

## B. <u>APPLICATION REQUIREMENTS</u>

This application must be submitted a minimum of 45 days before the Plan Commission meeting at which a review is requested, and accompanied by:

- 1. A survey plat, prepared as required in Article II, of the Saguache County Land Development Code.
- 2. Fee as established by B.O.C.C. (\$2000.00 + \$25.00 per lot)
  Also a list of all landowners within 1500 feet of the subject property will be acquired from our office with the cost of \$17.50 for GIS Fee. Certified mailings will be sent to these landowners for a cost. Certified mailing fee must be paid before mailings will be sent.
- 3. Proof of Ownership
- 4. County Road Access approval, if applicable.

APPLICATION, ALL SUPPORTING DOCUMENTS AND FEES MUST BE RECEIVED BY THIS OFFICE AT LEAST 45 DAYS PRIOR TO ANY PLANNING COMMISSION MEETING.

ALL TAXES DUE MUST BE PAID ON EACH LOT BEFORE THIS REQUEST WILL BE APPROVED. A CERTIFICATE OF TAXES DUE WILL BE OBTAINED AT THE BEGINNING OF THE APPLICATION PROCESS AND BEFORE THE REQUEST IS TAKEN BEFORE THE BOARD OF COUNTY COMMISSIONRERS FOR APPROVAL.

IF APPLICANT HAS NOT COMPLETED ALL REQUIREMENTS WITHIN ONE YEAR, APPLICATIN WILL BECOME VOID.

I hereby certify that the above information is true and accurate to the best of my knowledge. I further certify that I or we are legal owner(s) of record of the property that this Subdivision is being applied for.

Applicant needs to be aware that by signing this application you are giving the Saguache County Land Use office permission to access your property for purposes relating to this application.

If any of the following condition exists, the Planning Commission may require additional reports.	
if any of the following condition exists, the Finanting Commission may require additional reports.	
*********************	****
FOR OFFICE USE ONLY  ***********************************	****
Legal Description	
Section Township Range Quarter Section	
Subdivision	
Soil TypeSoil Survey Map	
Application received by Date	