

Saguache County Land Use Department PO Box 326 Saguache, CO. 81149 Phone: 719-655-2321

saguachecounty.colorado.gov Office Hours: Monday – Friday 8am to 4pm

Conditional Use Application

<u>Note</u>: Failure to progress in construction and operation of a facility shall result in denial of license renewal, within one year of approval.

PROPERTY MUST BE POSTED WITH ADDRESS NUMBER, AND CUP PERMIT SIGN A MINIMUM OF 30 DAYS PRIOR TO SCPC MEETING DATE.

ALL APPLICATIONS MUST BE TYPED OR PRINTED

Present use of Property_____

ntended use of Property		
Submitting the Application:		
Follow the steps listed in this checklist and sup	ply the requested information. Be sure to include:	
	LICATION (for additional costs contact Land Use Office) ailings X \$4.57 – mailed to adjoining landowners within	
TOTAL OWED \$		

Make checks payable to Saguache County Land Use.

Note: The Application Fee for a Conditional Use application is NON-REFUNDABLE.

Please review the Saguache County regulations for complete information at Saguachecounty.colorado.gov. Applicants should carefully read all local regulations prior to submission. Any local licenses issued under these regulations shall be valid for a period of one (1) year from the date of issuance. Applications for renewal shall be processed in the same manner as new licenses under these regulations.

Incomplete applications will be returned with general instructions as to which documents are required for Completion. Failure to provide the documents deemed necessary by the authority in sufficient detail to Determine full compliance with State and Local regulations shall be grounds for denial of the application.

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For ALL Conditional Use Application request – ALL PAGES MUST BE NUMBERED

ALL APPLICATION REQUESTS MUST BE IN THIS ORDER

EACH SECTION MUST HAVE A TITLE PAGE

- 1. Saguache County Application
- 2. Landowner authorization notarized form
- 3. Ownership deeds/lease contracts
- 4. Detailed Letter of Intent
- 5. Comprehensive site plan to scale
- **6.** Water information plans and letters
- 7. Sewage disposal plan
- 8. Response time letters Sheriff EMS (if applicable)
- **9.** Legal status of business entity proof of registration with, or certificate of good standing from the State of Colorado Secretary of State
- **10.** Valid sales tax license for business, if applicable
- 11. Map and list of adjoining landowners showing full address of landowner
- **12.** Letters from adjoining landowners pros and cons

Eight (08) copies required – BOUND BUT NOT BINDED

NOTE: ALL APPLICATIONS MUST BE IN THE ABOVE ORDER or they will NOT be accepted.

1. Location

Physical Address of Propos	ed Facility: _				
Parcel Number:	Intended Use:				
Total Amount of Acreage to	be Used:				
Please confirm with the Sag Locations (s) prior to the sul			nent the cor	rect use of the	proposed business
Applicant					
Mailing Address			Email Address		
City				Phone Number	
State		Zip Code		Fax Number	
2. Business Information:					
Legal Name of Business		Date of Business Establishment			
Trade Name or Business	(dba)				
Mailing Address					
City		State		Zip Code	
Phone Number			Email Add	lerss	

If the applicant is a business entity, provide the following information:

- Legal status of entity and proof of registration with, or certificate of good standing from the **Colorado Secretary of State**
- Evidence of a valid State sales tax license for the business

Property Owner(s)		
Owner's Address		Phone Number
City		Email Address
State	Zip Code	Fax Number
Signature of Property Owner(s)		Date
Notarized statement from the or	wner of the property	ed premises, provide the following information: authorizing the use of the property for
 Conditional use. (See Attached) Copy of any deed, lease, contract the proposed business, along w 	ct, or other document	t reflecting the right of the applicant to possess pancy of the premises.
	re are multiple busine	ess, and signature of the business owner (s), ess operators, be sure to include information eary.
usiness Owner(s)		
usiness Owner Address		Phone Number
ty		Email Address
ate Zip	Code	Fax Number
gnature of Business Owner(s)		Date

3. Property Owner (s) information: Provide the name, address, and signature of the property owner (s).

If there are multiple owners, please include this information for all owners.

5. Pre-Existing Business: If the application is for a pre-existing business, provide the date the business was established, and submit evidence of establishment, such as leases or sales tax receipts. (as attachments)
6. Nearby Facilities: The applicant shall provide a map and detailed list showing the following facility uses that are located within 2,500 feet of the proposed licensed premises: all licensed child care facilities, educational institutions, halfway house or correctional facility, schools, colleges or universities (public or private), public park, public pool, or recreational facilities (public or private).
Nearby Facilities within 2,500 feet:
7. Vehicle Trips: Provide the number of vehicle trips per day expected to be generated by the proposed business. Keep in mind that one vehicle produces two trips, (arrival and departure).
Amount of Employees
Road to be used
8. Water and Wastewater Information: Provide information detailing the source of water at the proposed busines include level of water use. This information must also have both the business, as well as the entire parcel and should be given in gallons per day. Wells cannot be used for commercial use unless the well permit states so specifically. See notes below
Expected Source of Water
Expected Level of Water Usage (gal/day)
Evnocted Wastowater Discharge (gal/day)

Attach any additional permits or other applicable documentation related to well use, septic system use, and/or water sanitation.

9. Access Information:

Provide copies of any driveway permits, easements, and/or CDOT access permits as applicable.

10. Comprehensive Business Operation Plan:

Please provide a business plan for the proposed establishment to address, at a minimum, the following components:

- **A.** Phasing plan, outlining progress of construction and operations.
- B. Signage plan and narrative
- C. Odor and noise.

11. Comprehensive Site Plans:

Please include the following plans and maps (made to scale) for the business to include north sign, legend. Attached drawings to be 8.5" x 14" in size. NO SMALL MAPS WILL BE ACCEPTED

- **A.** Plot plan of the parcel showing the location of all existing and proposed structures (including height, square footage), roads, streets, and easements, septic tank and leach field (if applicable), wetlands, watercourses. This must include distance from property lines etc.
- **B.** Building layout showing how the floor space will be utilized. This includes all entry ways and exits, loading zones, and the dimensions and use of every room. Please include details as to what floor area will be devoted to manufacturing infused products, cultivation operations, and/or dispensing operations.
- C. Parking plan for the business. This includes parking for the entire parcel, if there are additional businesses etc.
- **D.** The nature and location of any proposed/existing lighting and signage. If proposing signage, please include information for the entire parcel. This may be accomplished with photos or diagrams and must include dimensions and elevations. Lighting and signage must comply with all applicable State laws.
- Name of Project
- Size of Property (in acres)
- Use of Land & Structures
- Exact footage for each location of each structure from property line

- Address of Proposed Location
- Lot Dimensions of Property
- Preparation Date
- North arrow

I certify that I am signing this application form as the owner of rec Application. I certify that the information and exhibits I have substrue and correct to the best of my knowledge. I certify and under County the right of entry to inspect the parcel and all building on Business for compliance with regulation codes pursuant to this lice	mitted as part of this application are stand that this application gives the the parcel related to the marijuana
Print Name of Property Owner	
Sign Name of Property Owner	Date
Print Name of Applicant	
Sign Name of Applicant	Date
This section is reserved for u	se by County Staff
Staff Notes:	

Certification:



AUTHORIZATION FROM PROPERTY OWNER

I/we, the undersigned, grant			
	REPRESENTATI	/E/AGENT	
Authority to act as my/our represent	tative/agent to submit o	ocuments related to any Develop	ment Permit
Application Typ	e		
Legal description:			
Physical address:			
Print Name of Owner			
Owner Signature		Date	
State of			
County of			
Acknowledged before me this		by	
Witness my hand and seal.			
My commission expires:		_	
		Notary Public	

LAND USE OFFICE CHECK LIST

1.	Saguache County Application
2.	Landowner authorization notarized form
3.	Ownership deeds/lease contracts
4.	Detailed Letter of Intent
5.	Comprehensive site plan, showing set-backs from property lines – to scale
6.	Water information plans and letters
7.	Sewage disposal plan
8.	Response time letters – Sheriff – EMS (if applicable)
9.	Legal status of business entity – proof of registration with, or certificate of good standing from the State of Colorado Secretary of State
10.	Valid sales tax license for business, if applicable
11.	Map and list of adjoining landowners showing full address of landowner
12.	Letters from adjoining landowners – pros and cons