

GENERAL DEVELOPMENT APPLICATION

448 East First Street, Suite 112 Salida, CO 81201 Phone: 719-539-4555 Fax: 719-539-5271

Email: planning@cityofsalida.com

1. TYPE OF APPLICATION (Check-off as appropriate)		
 □ Annexation □ Pre-Annexation Agreement □ 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:		sentative's name, street and mailing address,
B. Site Data		
Name of Development:		
Street Address:		
Legal Description: Lot Block Subdivisi	ion	(attach description)
Disclosure of Ownership: List all owners' names, mortgage run with the land. (May be in the form of a current certificate encumbrance report, attorney's opinion, or other document	ate from a	itle insurance company, deed, ownership and
I certify that I have read the application form and that the correct to the best of my knowledge.	e informati	on and exhibits herewith submitted are true and
Signature of applicant/agent		Date
Signature of property owner		Date