

CITY OF ARVADA DEVELOPMENT APPLICATION

NOTE: Please complete only those items related to your specific type of application. Indicate each type of application request filed. Attach additional information as necessary. Submit this application with all accompanying materials to: <div style="text-align: center;"> ARVADA COMMUNITY DEVELOPMENT DEPARTMENT 8101 Ralston Road Arvada, Colorado 80002-8101 Telephone: 720-898-7435 </div>				FILE #:
Applicant:	Address:	Phone:	Fax:	
Property Owner:	Address:	Phone:	Fax:	
Contact Person:	E-Mail Address:	Phone:	Fax:	
Name of Project:			Location (Address):	
Existing Zoning:	Existing Land Use:	Proposed Zoning:	Proposed Land Use:	
Proposed No. of Lots:	Proposed No. Dwellings:	Proposed Gross Building Sq. Ft.:		

Indicate type of application (s) submitted. Check all boxes that apply. Incomplete, partial or inaccurate applications may not be scheduled for review and/or may be grounds for denial of such request.

<input type="checkbox"/> ANNEXATION/DISCONNECTION a b c d e f g i j cc dd ee ff ll FEE: \$1,200	<input type="checkbox"/> FINAL DEVELOPMENT PLAN c f h i j k l m mm n o q s t u ff FEE: \$800 (minimum) x square root of acreage <input type="checkbox"/> FINAL DEVELOPMENT PLAN AMEND. Same as FDP, based on acreage subject to amend. (min. based on 1/2 total acreage of property in FDP) <input type="checkbox"/> FINAL DEVELOPMENT PLAN MINOR AMENDMENT \$300
<input type="checkbox"/> CONCEPT PLAN c f ff kk gg FEE: \$500	<input type="checkbox"/> FINAL SUB. PLAT/AMEND. (Same as FDP Amend.) c f g h i j k l m n o r s t u FEE: \$500 plus \$150 x the square root of acreage of the property
<input type="checkbox"/> REZONING c d e f ff gg kk FEE: \$1,000 (\$800 w/annexation)	<input type="checkbox"/> HEIGHT EXCEPTION c f d n bb FEE \$600
<input type="checkbox"/> PUD SKETCH PLAN c f z ff gg ii FEE: \$600	<input type="checkbox"/> SITE PLAN REVIEW c f d h i j k l m n o s t u bb mm FEE: \$800 x square root of acreage of the property with minimum of \$800 <input type="checkbox"/> SITE PLAN AMENDMENT FEE: \$300
<input type="checkbox"/> OUTLINE DEVELOPMENT PLAN/AMEND. c d f i m z aa ff gg FEE: \$1,000	<input type="checkbox"/> MINOR SUBDIVISION PLAT c f h i j l o p t u FEE: \$500 plus \$150 x the square root of acreage of the property
<input type="checkbox"/> PRELIMINARY DEVELOPMENT PLAN c e f i j m n o v w x y ff gg FEE: \$700 x square root of the acreage of the property (\$700 minimum) <input type="checkbox"/> PRELIMINARY DEVELOPMENT PLAN AMENDMENT Same as PDP, based on acreage subject to amend. – minimum based on 1/2 total acreage of property in PDP.	<input type="checkbox"/> REQUEST for VACATION d e f FEE: \$ 700 for access easement & r-o-w public hearing (s) \$ 200 for all other easements
<input type="checkbox"/> PRELIMINARY SUBDIVISION PLAT c e f i j m n o w x y hh gg FEE: \$700 x square root of the acreage of the property (\$700 minimum) No fee if submitted with a PDP application.	<input type="checkbox"/> CONDITIONAL USE PERMIT c d f h i k l n o q r s t u z bb ff FEE: \$1000
<input type="checkbox"/> MAJOR SUBDIVISION SKETCH PLAN c f z ff gg jj FEE: \$600	<input type="checkbox"/> VESTED PROPERTY RIGHT REQUEST FEE: \$1,000 Early vested right FEE: \$500 Statutory vested right
<input type="checkbox"/> CERTIFICATE OF COMPLIANCE W/DESIGN GUIDELINES OLDE TOWN f ff n Referral to Design Review FEE: \$75 Administrative review FEE: \$25	<input type="checkbox"/> TELECOMMUNICATION PERMIT f bb ff nn oo pp FEE: \$2,200 New freestanding facility FEE: \$600 Administrative review
<input type="checkbox"/> COMPREHENSIVE PLAN AMENDMENT If less than 5 acres FEE: \$500 If more than 5 acres FEE: \$1,000	<input type="checkbox"/> ALTERNATIVE SIGN PROGRAM e f n s bb ff qq FEE: \$750

Applicant Signature: _____

Date: _____

Fee Paid: _____

MATERIALS REQUIRED FOR SUBMITTAL

Note:

The Project Planner will advise the Applicant regarding the submittal requirements, including the quantity and content for each pre-packaged referral packet.

- a. Apex Park and Recreation District letter
- b. Statement of fire protection
- c. Statistical fact sheet
- d. Engineering legal description
- e. Adjacent property owners list
- f. Immigration Affidavit
- g. Environmental Site Assessment/Audit
- h. Erosion control plan
- i. Water rights questionnaire
- j. Title commitment policy
- k. Private covenants
- l. Public improvement construction plan
- m. Traffic impact report/ traffic study
- n. Architectural elevations and guidelines
- o. Soils report/ geotechnical study
- p. Minor subdivision plat map
- q. Final development plan
- r. Final plat map
- s. Final landscape plan
- t. Final utility plan
- u. Final drainage report and plan
- v. Preliminary development plan map
- w. Preliminary landscape plan
- x. Preliminary drainage report and plan
- y. Preliminary utility plan
- z. Development overview letter
- aa. Outline development plan map
- bb. Site plan map
- cc. Annexation map
- dd. Petition for annexation
- ee. Annexation impact report
- ff. Project narrative
- gg. Grading intent
- hh. Preliminary plat
- ii. PUD character statement and sketch plan map
- jj. Major subdivision sketch plan map
- kk. Concept plan map
- ll. Vested rights waiver
- mm. Photometrics
- nn. Signal Interference Letter
- oo. Inventory of Existing Sites
- pp. Photosimulation of proposed facility
- qq. Artist rendering or similar graphic depiction of all proposed signage for the site

Project Reference: _____

AFFIDAVIT FOR LAWFUL PRESENCE VERIFICATION

Because of Colorado House Bill 06S-1023 (C.R.S. 24-76.5-103), this affidavit is MANDATORY and must be submitted along with a copy of one of the accepted forms of identification to prove lawful presence in the United States. Colorado law now requires that the City of Arvada verify all natural persons 18 years or older or sole proprietors who are applying for a public benefit are lawfully present in the United States prior to receiving the public benefit. A public benefit includes the application or a renewal of a grant, loan, contract, and professional or commercial licenses provided by an agency of the state or local government.

FOR CORPORATIONS/PARTNERSHIPS/COMPANIES ETC. ONLY

The applicant, for whom I am authorized to sign, is NOT a “natural person” or “sole proprietorship,” but a corporation, partnership, company or other similar entity. HB 06S-1023 is not applicable.

I understand this sworn statement is required because the applicant has applied for a “Public Benefit.” I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the laws of Colorado.

Printed Name and Title of
Applicant’s Representative

Signature of Applicant’s
Representative

Date

Name of Business

OR

FOR “NATURAL PERSONS” OR SOLE PROPRIETORS ONLY

I am a “natural person” or a “sole proprietorship,” NOT a corporation, partnership, company or other similar entity and MUST complete this affidavit and submit it with the required documentation.

1. I, _____ swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen; *or*
- I am a Permanent Resident of the United States; *or*
- I am lawfully present in the United States pursuant to Federal law.

2. I understand this sworn statement is required by law because I have applied for a “Public Benefit.”

3. I understand state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

4. I acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the laws of Colorado.

5. I have attached a copy of one of the acceptable documents provided by the State of Colorado and I presented it to the agency as proof of identification that I am at least 18 years of age and I am lawfully in the United States.

Applicant’s Printed Name:

Applicant’s Signature

Date

Name of Business (If applicable)

Revised 08/01/07

**ACCEPTED FORMS OF IDENTIFICATION TO
PROVE LAWFUL PRESENCE IN THE UNITED STATES:**

- (1) Valid Colorado Driver's License or valid Colorado Identification card; *or*
- (2) United States Military card or a Military Dependent's Identification card; *or*
- (3) United States Coast Guard Merchant Mariner Card; *or*
- (4) Native American Tribal Card; *or*

(5) In the case of a resident of another state, the driver's license or a state-issued identification card from the state of: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, or Wyoming; *or*

Alternative Identification

If you cannot produce one of the above forms of identification, but can prove that you are lawfully present in the United States, please request a copy of The City of Arvada's Pamphlet outlining the Colorado Department of Revenue's acceptable forms of identification to prove lawful presence.

Waiver Process

If you cannot produce any documentation necessary to prove lawful presence, you may request a waiver. (Form DR 4678). The waiver is available for individuals who:

- (a) Due to chronic health or medical condition, lack sufficient mobility to appear in person to apply for a Colorado driver's license or Colorado identification card; or
- (b) Due to lack of a permanent physical address in Colorado, do not qualify for a Colorado driver's license or Colorado identification card; or
- (c) May lack sufficient documentation to receive a Colorado driver's license or Colorado identification card.

The waiver and all supporting documentation must be presented by you or a representative at a participating Colorado driver's license office, not at the City Department where you are requesting the benefit. Arvada cannot approve the benefit until the waiver process has been completed.