

Town of Empire

30 East Park Avenue - P.O. Box 100 Empire CO 80438-0100
303/569-2978 - 303/569-2282 fax

Petition for Amendment to Text or Zoning Map of Ordinance 170 (Article III, Section 6, Page 25)

Check One: Amend text Amend Map Correct Text Correct Map

General Information

Petitioner: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Property Information

Location: _____

Tax Identification Number: _____ Deed Book: _____ Page: _____

Zoning District: _____

Amendment Information

(use additional pages as necessary)

Section of Ordinance 170 for which Amendment is requested: _____

Request:

Additional Requirements for Amendment or Correction to Zoning **Map**:

(a) Three (3) copies of a map prepared at a scale of one hundred (100) feet to one (1) inch, showing the land in question, its location, the length and direction of each boundary thereof, the location and use of all buildings on such land and the principal use of all properties within three hundred (300) feet of such land.

(b) The names and addresses of the owners of all properties within three hundred (300) feet of any part of the land included in the proposed change.

I certify that I am the owner of the property or have provided written notarized authorization that I am acting in his behalf in petitioning for this amendment. Further, all information presented in this petition is accurate to the best of my knowledge and belief. I also understand that all information in the petition is subject to review by any member of the public, Planning Commission and Board of Trustees.

Property owner _____ Date _____

Received by _____ Date _____ Fee _____

Town of Empire

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Petition for Annexation (Article X, Page 90)

General Information

Petitioner: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Engineer/Surveyor _____

Property Information

Name: _____

Location: _____ Acreage _____

Lien Holders: Name: _____ Name: _____

Address: _____ Address _____

Existing Zoning: _____ Proposed Zoning _____

Please submit the names and addresses of the owners of all properties within one hundred (100) feet of any part of the land or adjacent to the property line of the property in question.

Annexation Eligibility Requirements:

_____ Owners of more than fifty percent of the area to be annexed including streets and alleys shall sign the petition for annexation.

_____ Not less than one-sixth the outside perimeter of the area to be annexed shall be contiguous to existing Town of Empire limits, or as otherwise allowed by state statute.

_____ No property owned in a separate tract shall be divided by the boundary of the proposed annexation without consent of such property owner.

I certify that I am the owner of the property or have provided written notarized authorization that I am acting in his behalf in petitioning for this annexation. Further, all information presented in this petition is accurate to the best of my knowledge and belief.

Property owner _____ Date _____

Received by _____ Date _____ Fee _____

Town of Empire

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Development Permit and Checklist (Article V, Section 10, Page 40)

General Information

Owner: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Developer: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Property Information

Subdivision Name: _____ No. of Lots _____

Location: _____

Tax Identification Number: _____ Deed Book: _____ Page: _____

Before the Development Permit is issued, the developer shall deposit with the Town all sureties required and the entire dollar amount set forth in the Subdivision Improvements Agreement, Article XI, Section 6.1.2. This money shall be paid to the Town Clerk for and placed in the escrow account. The fees for inspections made by the Town or its designated representative shall be paid from this escrow account. At the completion of the subdivision construction, any funds remaining in the escrow account shall be returned to the developer.

Property owner _____ Date _____

Received by _____ Date _____ Fee _____

TOWN OF EMPIRE
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Annexation Impact Report
(Article X, Section 5, Page 91)
(for parcels larger than ten acres)

Physical Impact

What are the existing and proposed land use patterns in the areas to be annexed?

Identify the existing districts within the area to be annexed?

What is the impact to the Town of Empire's municipal services within the area to be annexed? Is this in compliance with the Comprehensive Plan and Three Mile Plan?

Attach a map of the Town of Empire and adjacent area showing:

Present and proposed boundaries of the Town of Empire in the vicinity of the proposed annexation; and

The present streets, major trunk water lines, storm and sanitary sewer interceptors and outfalls, telephone, cable and other utility lines and ditches and the proposed extension of such streets and utility lines in the vicinity of the proposed annexation.

Fiscal Impact Report

Describe the fiscal costs and benefits of the proposed annexation over a multi-year period. Include water, wastewater, police services, snow removal, street maintenance, etc:

Site Development Plan

Describe the proposed use of the property after annexation.

I certify that I am the owner of the property or have provided written notarized authorization that I am acting in his behalf in petitioning for this annexation. Further, all information presented in this petition is accurate to the best of my knowledge and belief.

Property owner _____ Date _____

Received by _____ Date _____

TOWN OF EMPIRE
30 East Park Avenue - P.O. Box 100 Empire CO 80438-0100
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Public Hearing Documentation

Action: _____

Petitioner: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Property _____

Procedure

Date of Hearing _____

Date of Publication _____

Date of Notification _____

Date Property Posted _____

Planning Commission Recommendation _____ Date _____

Town Board Action _____ Date _____

Date Recorded _____ By _____

Town of Empire

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Conditional Use permit ***(Article V, Section 8, Page 37)***

General Information

Petitioner: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Property Information

Location: _____

Tax Identification Number: _____ Deed Book: _____ Page: _____

Zoning District: _____

Requested Duration of Conditional Use Permit _____

Required Considerations

(use additional pages as necessary)

Describe the character and the quality of the area in which the use will be located;

Describe the appearance of the use, including suitability of architectural and landscaping treatment;

Is the location of the building or buildings on the lot appropriate?

Are the parking, loading and circulation facilities adequate?

What is the potential effect of the use upon off-site vehicular and pedestrian traffic circulation, with particular reference to potential traffic congestion?

Is there a potential effect on storm drainage in the area?

Are there adequate screens where necessary?

How will you provide operational controls where necessary to avoid hazardous conditions and/or eliminate potential air, water or noise pollution, or other noxious influences?

Is the proposed use compatible within the area in which it is to be located?

Does the conditional use conform to the lot size, building location, building size, open space and height limitation regulations of the district in which it is located?

Additional Requirements:

The names and addresses of the owners of all properties within one hundred (100) feet of any part of the land or adjacent to the property line of the property in question.

I certify that I am the owner of the property or have provided written notarized authorization that I am acting in his behalf in petitioning for this conditional use. Further, all information presented in this petition is accurate to the best of my knowledge and belief. Further, I grant permission for members of the Board of Adjustment and Town Staff to visit the site in question for informational and advertisement needs. I agree that if this conditional use is granted on any information presented, it may be revoked in the event of any breach of representation or conditions which may be attached.

Property owner _____ Date _____

Received by _____ Date _____ Fee _____

Expiration Date _____

Conditional Use permit
Additional requirements for wireless facilities.
Article XIII, Section 6.2.1

Please include:

A scaled site plan clearly indicating the location, type and height of the proposed tower or alternate tower structure, on-site land uses and zoning, adjacent land uses and zoning (including when adjacent to other local governments), master plan classification of the site and all abutting properties, adjacent roadways, proposed means of access, setbacks from property lines, elevation drawings of the proposed tower and any other structures, topography, parking, and other information deemed by the zoning officer to be necessary to assess compliance with this ordinance.

Legal description of the parent tract and leased parcel (if applicable).

The setback distance between the proposed tower and the nearest residential unit, platted residentially zoned properties, and unplatted residentially zoned properties.

The separation distance from other towers or alternate tower structures described in the inventory of existing sites submitted pursuant to Section 4.1.3. shall be shown on an updated site plan or map. The applicant shall also identify the type of construction of the existing tower(s) and the owner/operator of the existing tower(s), if known.

A landscape plan showing specific landscape materials.

Method of screening and/or fencing, and finished color and, if applicable, the method of camouflage and illumination.

A description of compliance with Sections 3.3 – 3.7 and 3.9 of this Article and all applicable federal, state or local laws.

A notarized statement by the applicant as to whether construction of the tower will accommodate collocation of additional antennas for future users.

A description of the suitability of the use of existing towers, other structures or alternative technology not requiring the use of towers or structures to provide the services to be provided through the use of the proposed new tower.

A description of the feasible location(s) of future towers or antennas within the Town of Empire based upon existing physical, engineering, technological or geographical limitations in the event the proposed tower is erected.

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Check One: Amend text Amend Map Correct Text Correct Map

General Information

Petitioner: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Property Information

Location: _____

Tax Identification Number: _____ Deed Book: _____ Page: _____

Zoning District: _____

Amendment Information

(use additional pages as necessary)

Section of Ordinance 170 for which Amendment is requested: _____

Request:

Additional Requirements for Amendment or Correction to Zoning Map:

(a) Three (3) copies of a map prepared at a scale of one hundred (100) feet to one (1) inch, showing the land in question, its location, the length and direction of each boundary thereof, the location and use of all buildings on such land and the principal use of all properties within three hundred (300) feet of such land.

(b) The names and addresses of the owners of all properties within three hundred (300) feet of any part of the land included in the proposed change.

I certify that I am the owner of the property or have provided written notarized authorization that I am acting in his behalf in petitioning for this amendment. Further, all information presented in this petition is accurate to the best of my knowledge and belief. I also understand that all information in the petition is subject to review by any member of the public, Planning Commission and Board of Trustees.

Property owner _____ Date _____

Received by _____ Date _____ Fee _____

Fee Schedule

	FEE	Article & Section	Page #
Amend Zoning Map	\$250 + costs	Art III, Sec. 6.2.2	25
Building Permits	Set By County	Art V, Sec 2	31
Conditional Use Permit	\$250 + costs	Art V, Sec. 9.1	40
Correct Zoning Map	N/C		
Operational Plans	N/C	Art V, Sec. 6	34
Variance Application	\$300 + costs	Art III, Sec 2.4.1	17
Vested Rights	\$250 + costs	Art IX	87
Annexation	\$500 + costs	Art X	90
Sign Permit	\$25	Art XII, Sec 2.1	120
Impact Fees	Determined on a case by case basis, within the guidelines set by the current National Average Impact Fee Schedule	Art V, Sec 3.3	33
Subdivision	\$100 - sketch plan \$500 - Preliminary \$250 - Final \$500 - Minor	Art XI	99
Excavation Permit	\$100	Article V, Sec 11	44

Development Permit Checklist

_____ Survey Markers

_____ Satisfaction of Lot Requirements

_____ Local Utilities

_____ Sewer Lines

_____ Water Lines and Mains

_____ Fire Hydrants

_____ Storm Drainage

_____ Streets and Traffic Patterns

_____ Street Signs

_____ Street Lights

_____ Curbs and Gutters

EXCAVATION/FILL PERMIT
TOWN OF EMPIRE, CO
(303) 569-2978 • (303) 569-2282 (Fax)
townclerk@empiregov.us

Date: _____ Application No. _____ Permit No. _____

APPLICANT
NAME _____ Phone _____

MAILING ADDRESS _____

PROOF OF INSURANCE CARRIER _____

HAVE YOU CALLED 811 FOR UTILITY LOCATES? _____

LOCATION OF WORK _____

SIZE (width, length, depth and grade) _____

REASON FOR WORK _____

TYPE OF SURFACE TO BE CUT (EXCAVATION) _____

TIME SCHEDULE:

START DATE _____ LENGTH OF TIME EXCAVATION WILL REMAIN OPEN _____

DATE CUT WILL BE BACKFILLED _____ PAVED OR REPAVED _____

DATE ALL WORK WILL BE COMPLETED _____

STREET ADDRESSES OF ALL ABUTTING PROPERTY WHICH WILL BE AFFECTED (applicant must notify 24 hrs. in advance of work)

The applicant hereby requests the Town of Empire to issue permit to:

APPLICANT _____
(If different from owner-*also must submit Landowner Authorization Form)

- I certify that the information I have provided is true and correct to the best of my knowledge.
- I have read, understand, and will comply with the above information and attached documentation.
- Any and all changes to the proposed excavation/fill require notification of the Town's Public Works Department.

Owner/Applicant _____ Date _____

OR TOWN USE ONLY:

APPROVED: _____
Date _____

FEE PAID _____ DATE PAID _____ RECEIPT # _____ RECEIVED BY _____

ACCEPTED: _____
Town Clerk _____ Date _____

Town of Empire

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Permit for Tower, Alternative Tower Structure, and Wireless Communication Facilities

***(Article XIII, Section 4, Page 134)
Required in addition to building permit.***

General Information

Applicant: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Legal Status _____

Officer, Agent or Employee responsible for accuracy of registration statement: _____

Mailing Address: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

Please attach a map showing the information required by Article XIII, Section 4.1.3 of Ordinance 170.

Please provide information sufficient to determine that the applicant has applied for and received any construction permit, operating license, or other approvals required by the FCC to provide wireless communication services or facilities within the Town, as required by Article XIII, Section 4.1.3 of Ordinance 170

Please include with application the conditions of permit as required in Article XIII, Section 4.3.

Fee is required at the time of application.

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Petition for Variance (Article III, Section 2.3, Page 16)

General Information

Petitioner: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Property Information

Location: _____

Tax Identification Number: _____ Deed Book: _____ Page: _____

Zoning District: _____

Variance Information

Section of Ordinance 170 for which variance is requested: _____

On a separate page, please present your request, and the necessary justification:

Additional Requirements:

The names and addresses of the owners of all properties within one hundred (100) feet of any part of the land or adjacent to the property line of the property in question.

I certify that I am the owner of the property or have provided written notarized authorization that I am acting in his behalf in petitioning for this variance. Further, all information presented in this petition is accurate to the best of my knowledge and belief. Further, I grant permission for members of the Board of Adjustment and Town Staff to visit the site in question for informational and advertisement needs. I agree that if this variance is granted on any of the information presented, it may be revoked in the event of any breach of representation or conditions which may be attached.

Property owner _____ Date _____

Received by _____ Date _____ Fee _____

Fee Schedule

	FEE	Article & Section	Page #
Amend Zoning Map	\$250 + costs	Art III, Sec. 6.2.2	25
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Annexation	\$500 + costs	Art X	90
Sign Permit	\$25	Art XII, Sec 2.1	120
Impact Fees	Determined on a case by case basis, within the guidelines set by the current National Average Impact Fee Schedule	Art V, Sec 3.3	33
Subdivision	\$100 - sketch plan \$500 - Preliminary \$250 - Final \$500 - Minor	Art XI	99
Excavation Permit	\$100	Article V, Sec 11	44