

1225 Redwood MA

comments due 10-3-07
Type II

Development Review Application



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| For Office Use Only Current Planning File # <u>30-02B</u> Date Submitted <u>9-11-07</u> Planner <u>Ted Shepard</u> | General Information: List all property owners having a legal/equitable interest in the property (attach separate sheets if necessary). Owner's Name(s): <u>PRUESS FAMILY FOUNDATION</u> Street Address: <u>16835 W. COUNTY ROAD 18E</u> City/State/Zip: <u>LOVELAND CO 80537</u> Telephone: _____ Fax: _____ Applicant's/Consultant's Name: _____ Name of firm: <u>1225 REDWOOD</u> Contact: <u>GLEN PETCAVAGE</u> Street Address: <u>34 GARDEN CENTER</u> City/State/Zip: <u>BROOMFIELD CO 80020</u> Telephone: <u>303.888.9592</u> Fax: <u>866.867.8553</u> E-mail: <u>GEP@SSCD.COM</u> |
| Project Name: <u>WING SHADOW</u> Project Location (Street Address): <u>1225 REDWOOD ST.</u> Project Description: <u>RESIDENTIAL DWG & ALCOHOL REHABILITATION</u> Land Use Information: Gross Acreage/Square Footage: <u>5 1/2 ACRES</u> Existing Zoning: <u>CCN</u> Proposed Use: _____ Total Number of Dwelling Units: _____ Total Number of Affordable Dwelling Units: _____ Percentage of Affordable Dwelling Units (out of total): _____ Total Commercial Floor Area: <u>20,500</u> | |

Type of Request

Please indicate the type of application submitted by checking the box preceding the appropriate request(s). Additional handouts are available explaining the submittal requirements for each of the following review processes.

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| <input type="checkbox"/> Annexation Petition with Initial Zoning REQUESTED ZONE: _____ Fee \$1,188.00 + \$50.00 sign posting fee + \$.75 for each APO label <input type="checkbox"/> Rezoning Petition REQUESTED ZONE: _____ Fee \$977.00 + \$50.00 sign posting fee + \$.75 for each APO label <input type="checkbox"/> Overall Development Plan (ODP) Fee: \$1,599.00 + \$50.00 sign posting fee + \$.75 for each APO label <input type="checkbox"/> Project Development Plan (PDP) without Subdivision Plat Fee: \$3,887.00 + \$50.00 sign posting fee + \$.75 for each APO label <input type="checkbox"/> Project Development Plan (PDP) with Subdivision Plat Fee: \$5,879.00 + \$50.00 sign posting fee + \$.75 for each APO label <input type="checkbox"/> Final Plan without Subdivision Plat Fee: \$1,000.00 <input type="checkbox"/> Final Plan with Subdivision Plat Fee: \$1,000.00 <input type="checkbox"/> Modification of Standards/Text and Map Amendment Fee: \$200.00+ \$50.00 sign posting fee | <input type="checkbox"/> Basic Development Review Fee: Varies: Check with the Zoning Department <input checked="" type="checkbox"/> Major Amendment <u>1,000</u> Fee: \$3,206.00 + \$50.00 sign posting fee + \$.75 for each APO label <input type="checkbox"/> Non-Conforming Use Review Fee: \$1,389.00 <input type="checkbox"/> Vacation of ROW or Easement Fee: \$5.00 per sheet of filing document <input type="checkbox"/> Small Project Fees Fee: Varies-Check with the Current Planning Department <input type="checkbox"/> Street Name Change Fee: \$5.00 <input type="checkbox"/> Extension of Final Approval Fee: \$566.00 <input type="checkbox"/> Site Plan Advisory Review NO FEE |
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⇒ CERTIFICATION ON REVERSE MUST BE SIGNED. ⇐

UPDATED 9/20/2006

• Referral of Minor Amendment for Change of Use - to Planning & Zoning Board

Additional Information (if Applicable): _____



CERTIFICATION

I certify the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application, I am acting with the knowledge, consent, and authority of the owners of the real property, as those terms are defined in Section 1-2 of the City Code (including common areas legally connected to or associated with the property which is the subject of this application) without whose consent and authority the requested action could not lawfully be accomplished. Pursuant to said authority, I hereby permit City officials to enter upon the property for the purpose of inspection, and if necessary, for posting of public notice on the property.

Name (Please PRINT): GLEN PETCAVAGE

Address: 34 GARDEN CENTER

Telephone: 303 888 9592

Signature: (and title showing authority to sign, if applicable) [Handwritten Signature]