

SUBMITTAL CHECKLIST:

Comments
due 11/2

Wilmarc Medical PDP

PROJECT DEVELOPMENT PLAN (PDP)

PDP1160033

The following information is required to be submitted with all applications, unless waived by staff. Any item waived must be dated and initialed by a planner with the City of Fort Collins Community Development and Neighborhood Services Department.

- Application form, filing fee (plus .75 cents for each APO label), and sign posting fee. [Application Form.pdf](#)
- Transportation Development Review Fee – please contact Engineering at 221-6605 for information.** [TDR Fees and Application.pdf](#)
- Three lists (3) of names and addresses of all owners of record of real property within at least 800' of the property lines for the parcel of land for which the project is proposed, exclusive of public right-of-way. (Two (2) lists typed on mailing labels (30 names per sheet) and the other list on a reproducible copy of those labels). **Effective 9/17/12; All information provided on mailing labels must be submitted digitally in a Microsoft Excel format.** *electronic*
- Statement of planning objectives** *31* copies).
- Copy of applicable **conceptual letter** and response letter explaining how issues have been addressed (*31* copies) *29*
- NA* Complete list of proposed street names for the development.
- Legal description of the site (one copy on 8½ x 11" sheet).
- Name and address of each owner of property within the boundaries of the development plan area.
- NA* List of names of all general and limited partners and/or officers involve as either applicants or owners.
- JA* Development phasing schedule.
- Site plan drawings.** (Refer to the submittal requirements for specific information to be presented on the site plan.) *31* copies 24" x 36" – folded). *20*
- Subdivision Plat** *25* copies 24" x 36" – folded). *21*
- Architectural elevations** *9* copies 24" x 36" – folded). *7*
- Landscape Plan** (Refer to the submittal requirements for specific information to be presented on the landscape plan.) *21* copies 24" x 36" – folded). *20*
- Transportation Impact Analysis (TIA)** (7 copies).
- Utility plans** (existing and proposed utility systems) (17 copies 24" x 36" – unfolded). [Utility Plans Checklist.pdf](#)
- Requirements for utility plans checklist** (1 copy).
- Drainage and erosion control report** (4 copies).
- Soils Report** (3 copies). *electronic soils reports **

- Lighting Plans** (7 copies 24" x 36" – folded).
- NA **Hazardous Materials Impact Analysis** (3 copies).
- NA **Street cross sections schematics** (if not included in the utility plans) (8 copies 24" x 36" – folded).
- NA **Explanation of any variance request(s).**
- Signed letters of intent indicated that all required off-site easement and off-site rights-of-way can be negotiated in time for final development plan submittal.
- Other information that the Director may require:
 - Natural area or environmental study (4 copies)
 - Wetland Delineation (4 copies)
- CD or other digital storage device containing all plans/documents submitted and APO mailing labels in Excel format.

**This document is meant to be used as a checklist only. For a more detailed list and explanation of each of these items, please see the handout: "Submittal Requirements: Project Development Plan"*

Wilmarc Medical

DEVELOPMENT REVIEW: APPLICATION FORM

comment due 11/2/14

For Office Use Only

Date Submitted 10/12/14 Current Planning File # PDP160033 Planner P. Wray

Project Information

Project Name: Wilmarc Medial
Project Description (Choose type of request from the list on the back):
Office and Warehouse building

Location Description/Project Address: on the NE corner of Technology Parkway and Precision Drive

Major Cross Streets: Harmony Road and Ziegler Road

Zone District: Harmony Corridor District

Parcel Number: _____

Building/Unit Information

Residential: 0 Square Feet

Commercial: Office - 13,992 Square Feet

Industrial: Warehouse - 78,883 Square Feet

Building Floor Area Ratio: 0.42

Platted Area: 217,756 SF / 4.99 AC

Number of Units:

Single Family Attached: 0 **Single Family Detached:** 0

Two Family: 0 **Multi-Family:** 0

Total Number of Bedrooms Rented Separately: 0

Dates:

Conceptual Review Meeting Date March 7, 2016

Neighborhood Meeting Date TBD

Hearing Type Type II

Site/Area Information

Residential Area: 0 Sq. Ft. 0 Acres

Commercial Area: 13,992 Sq. Ft. 0.32 Acres

Industrial Area: 78,883 Sq. Ft. 1.81 Acres

Mixed Use Area: 0 Sq. Ft. 0 Acres

Right of Way Area: 12,478 Sq. Ft. 0.29 Acres

Parking and Drive Area: 48,695 Sq. Ft. 1.12 Acres

Stormwater Detention Area: 0 Sq. Ft. 0 Acres

Landscape Area: 65,415 Sq. Ft. 1.50 Acres

Open/Other Areas: _____ Sq. Ft. _____ Acres

Gross Area: 217,756 Sq. Ft. 4.999 Acres

Floor Area Ratio: 0.42

Gross Density: NA **Net Density** NA

Owner Information

Name: Wilmarc Medical

Address: 224 Canyon Ave., #120

City: Fort Collins

State: CO

Zip: 80521

Phone: 800-685-6706

Email: www.wilmarcmedical.com

Applicant Information

Name: Shelley La Mastra

Organization Name: Russell Mills Studios

Contact: Shelley La Mastra

Address: 141 S College, Suite 104

City: Fort Collins

State: CO

Zip: 80524

Phone: 970-484-8855

Email: slamastra@russellmillsstudios.com

Preferred Method of Contact: phone or email

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): Shelley La Mastra

Address: 141 S College, Suite 104

Telephone: 970-484-8855

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

Shelley La Mastra

⇒ **CERTIFICATION MUST BE SIGNED.** ⇐



Transportation Development Review Fee

Date Received/Paid 10/12/16
Total Amount Paid 26,408.25

Project Name: Wilmarc Medical
Project Location: Technology Pkwy / Precision Dr. Date: 10/12/16
PDP 160033

Type of Submittal

Please indicate the type of application submitted by checking the box preceding the appropriate request(s).

- | | Fee structure | amount due |
|---|---|------------|
| <input type="checkbox"/> Overall Development Plan (ODP) | \$500 each | _____ |
| <input type="checkbox"/> Final Development Plan (FDP) | This fee includes 2 rounds of review \$1000 each | _____ |
| <input type="checkbox"/> Additional round of review | \$ 500 each | _____ |
| <input type="checkbox"/> Annexation | \$20 X ___ acres = ___ + \$250 =
The maximum fee for each annexation document/ filing shall be \$2,000 | _____ |
| <input type="checkbox"/> Minor Amendment | \$158 each | _____ |
| <input type="checkbox"/> Major Amendment | \$2,500 each | _____ |
| <input type="checkbox"/> Re-zone | \$200 each | _____ |
| <input type="checkbox"/> Modification to Land Use Code | \$200 each | _____ |
| <input type="checkbox"/> Wireless Telecommunication Equipment (WTE) | \$65 each | _____ |
| <input type="checkbox"/> Road Projects | _____ acres (of roadway) X \$3,500 = | _____ |
| <input type="checkbox"/> Vacation of Easement(s) *** | # of vacations ___ X \$400 = | _____ |
| <input type="checkbox"/> Vacation of Right(s)-of-Way *** | # of vacations ___ X \$800 = | _____ |
| <input type="checkbox"/> Dedication of Easement(s) and/or Right(s)-of-Way *** | # of dedications ___ X \$250 = | _____ |

Project Development Plan (PDP) or Basic Development Review Project requiring Transportation Services Review and/or utility plan review. This fee includes 3 rounds of review.

Detached Single Family \$160 per unit
_____ # of units X \$160 = _____
Multifamily or other residential units \$115 per unit
_____ # of units X \$115 = _____

Commercial, Industrial, Retail, and/or Non residential building square footage \$0.25 per square foot
92,275 sq ft X \$0.25 = 23,218.75

Size of the development (area being platted or if not being platted size of parcel accompanying all development improvements) \$250 per acre
4.99 acres X \$ 250 = 1249.5

Project fee \$2,000 each
_____ \$2,000
Total of above amounts 26,408.25

If this fee amount exceeds \$30,000 then the fee amount shall be adjusted with the following formula: $\$30,000 + \frac{1}{2} (\text{the amount over } 30,000)$ = _____

The maximum fee for any residential ONLY project shall be \$500 per residential unit. This check should be used to verify the fee amount (does not apply to mixed-use developments). PDP fee shall be the lesser of this amount or the above calculated amount.
_____ # of residential units X \$500 = _____

If this fee amount equals or exceeds \$65,000 then the City Manager shall have the ability to reduce the fee amount.

Reduction for affordable housing – a copy of the City letter certifying/ authorizing the affordable housing shall be provided with this application. Amount of reduction to be applied _____

Total owed for PDP 26,408.25

General Information:

Owners Name(s): Wilmarc Medical

Street address: 224 Canyon Ave. #120

City/State/Zip: Ft. Collins CO 90521

Telephone: 970-485-6706

Applicants/ Consultants Firm Name: SHELLEN LAMASTRA - RUSSELL + MILLS STUDIOS

Contact: SHELLEN LAMASTRA

Street address: 147 S. College Ave. SUITE 104

City/State/ Zip: FT COLLINS, CO 80524

Telephone: 970-489-8855

Certification:

By signing this permit I acknowledge that I am acting with the knowledge, consent, and authority of the owners of the property (including all owners having legal or equitable interest in the real property, as defined in Section 1-2 of the City Code; and 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 purposes of inspection.

Name (please print): SHELLEN LAMASTRA

Signature: [Signature]

Telephone: 970-484-8855

Foot Notes:

When a development project involves a change of use for a building, the charge per square foot shall apply to the portion of the overall building size for which the change of use is proposed, provided that the new use generates more traffic than the existing use, as determined by the current Institute of Transportation Engineers Trip Generation. If the new use does not generate more traffic than the existing use then the charge per square foot for shall apply only to the net additional building size (if any).

These fees do not include the cost of filing fees for the recording of the Development Agreement. When a Development Agreement or Amendment Agreement is entered into the Developer shall be responsible for the cost of recording the document. Said filing fees shall be calculated and provided when the signed document is returned to the City for signatures and filing.

*** This fee does not include the cost of filing fees. Filing fees shall be determined at the time of final document submittal and will be required prior to filing.

cc: Christie White, Engineering
Development Review Engineering



Community Development & Neighborhood Services
 281 N. College Ave Fort Collins, CO 80522
 970.221.6760 970.224.6134 - fax

Permit/Project #: PDP160033
 Routed for Review: 10/12/2016
 Type: Project Development Plan

Site Address: -

Job Valuation: \$0.00 Category:

Transactions

Method	Check Number	Date Paid	Amount Paid	Comments
Cash		10/12/2016	\$409.75	Development Review Fee (\$100.00) APO Label (\$9.75) Sign Posting Fee (\$50.00) PFA Fee (\$250.00) paid with Cash
Check	CK # 1195	10/12/2016	\$32,247.25	Development Review Fee (\$5779.00) Transportation Development Review Fee (\$26468.25) paid by WilMarc Medical, LLC ck # 1195

Receipt issued: 10/13/2016 Total Paid to Date: \$32,657.00

Fee Description	Account Code	Fee Amount	Amount Paid	Date Paid	Amount Due
Development Review Fee	1000.444040	\$5,879.00	\$5,879.00	10/12/2016	\$0.00
Mailings	1000.444050	\$9.75	\$9.75	10/12/2016	\$0.00
PFA Development Review Fee	8400.444999	\$250.00	\$250.00	10/12/2016	\$0.00
Sign Posting	1000.444050	\$50.00	\$50.00	10/12/2016	\$0.00
Transportation Dev Review	902010.444030	\$26,468.25	\$26,468.25	10/12/2016	\$0.00
TOTAL FEES:		\$32,657.00	\$32,657.00		\$0.00

TOTAL BALANCE DUE AS OF 10/13/2016: \$0.00

Fee Amounts are valid for date of this document only. Fees subject to change without notice.