



Development Application

1100 10th Street Greeley, CO 80631

970-350-9780

www.greeleygov.com

APPLICANT NAME:	ADDRESS: EMAIL:	PHONE:
OWNER(S) OF RECORD:	ADDRESS: EMAIL:	PHONE:
OWNER(S) OF RECORD:	ADDRESS: EMAIL:	PHONE:
POINT OF CONTACT:	ADDRESS: EMAIL:	PHONE:

PARCEL / LOT INFORMATION

Parcel ID Number		
Address or Cross Streets:		
Subdivision Name & Filing No.:		
Related Case Numbers: (PUD, Rezoning, and/or Plat)		
	EXISTING	PROPOSED
Zoning:		
Project Name:		
Site Area (Acres & Square Ft.):		
Floor Area Ratio (FAR):		
Density (Dwelling Units/Acre):		
Building Square Footage:		

PROJECT TYPE

<input type="checkbox"/> Annexation	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Historic Register Nomination	<input type="checkbox"/> Rezoning
<input type="checkbox"/> Appeal	<input type="checkbox"/> Condominium Plat	<input type="checkbox"/> Historic Preservation Design Review	<input type="checkbox"/> Planned Unit Development
<input type="checkbox"/> Entertainment Establishment	<input type="checkbox"/> Easement Encroachment	<input type="checkbox"/> Historic Preservation Financial Incentives	<input type="checkbox"/> ROW Dedication/Vacation
<input type="checkbox"/> Major Subdivision - Final Plat	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Easement Dedication/Vacation	<input type="checkbox"/> Variance
<input type="checkbox"/> Major Subdivision – Preliminary Plat	<input type="checkbox"/> Use by Special Review	<input type="checkbox"/> Metropolitan District	<input type="checkbox"/> Other

Pre-Application Meeting Date: _____

Pre-Application Meeting Number: PAM _____

This application must be signed by owner(s) of record or authorized officer, if a corporation. Owner(s) listed must match title work. Processing and review of this application may require the submittal of additional information, subsequent reviews, and/or meetings, as outlined in the City of Greeley Development Code and Application Manual. After three (3) months of inactivity, a reminder will be sent to applicants stating that action is required within the next thirty (30) days or the application will be closed due to inactivity.

I hereby certify that, to the best of my knowledge, all information supplied with this application is true and accurate and authorize the applicant listed above to process the application on my behalf.

Owner's Signature: _____ **Date:** _____