



# ADAMS COUNTY COLORADO AIR AND SPACE PORT (CASP) PROJECT/HANGAR DEVELOPMENT APPLICATION

PLEASE PROVIDE ALL THE FOLLOWING INFORMATION.

Submission Date: \_\_\_\_\_

## I. ENTITY/ORGANIZATION INFORMATION

Entity/Organization Name			
Primary Contact(s)		Phone	
Address		City	State      Zip
Email		Website (If Applicable)	

## II. AIRCRAFT INFORMATION (IF APPLICABLE)

Aircraft Owner
Aircraft Model(s)/Type(s)

## III. PROJECT INFORMATION

Project Name		Parcel	
Estimated Project Start Date	Estimated Project End Date	Proposed Investment	
Requested Lease Term		Will Projected Be Financed or Funded By Proposer?	

## IV. PROJECT DESCRIPTION

Describe the project and explain what will be accomplished with the completion of this project, including who will benefit from the project and the service area.

**Provide Concept Plan. All plans submitted must include utilities if applicable.**

- Preliminary Concept Plans     Design plans at the 75% stage     Design plans at the 100% completed stage.

**After CASP staff reviews the application and accepts the project, proceed to the Development Process Checklist.**

I hereby affirm that this application meets the requirements of Colorado Air and Space Port, or includes proper requests for variance, waiver, or exception from provisions that it does not meet. I understand if it does not meet these requirements or, if proper requests for variance, waiver, or exception are not included, this application may be returned and not scheduled for approval by CASP management and the Adams County Community & Economic Development Department.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email a digital copy of the signed form to [CFObusiness@adcogov.org](mailto:CFObusiness@adcogov.org).**

### V. IN-OFFICE USE ONLY

<input type="checkbox"/> Project/Hangar Application accepted by CASP administration Signed by:	County building permit number associated with this project
FAA Form 7460-1 <input type="checkbox"/> Accepted <input type="checkbox"/> Objected	
Environmental impact alterations that must be completed	
Date environment impact alterations completed	Date of business license at CASP / Fee paid: \$

