



## PLANNED UNIT DEVELOPMENT – MAJOR AMENDMENT

**Application submittals must include all documents on this checklist as well as this page. Please use the reference guide (pg. 2) included in this packet for more information on each submittal item.**

**All applications shall be submitted electronically to [epermitcenter@adcogov.org](mailto:epermitcenter@adcogov.org). If the submittal is too large to email as an attachment, the application may be sent as an unlocked OneDrive link. Alternatively, the application may be delivered on a flash drive to the One-Stop Customer Service Center. All documents should be combined in a single PDF. Once a complete application has been received, fees will be invoiced and payable online at <https://permits.adcogov.org/CitizenAccess/>.**

1. Development Application Form (pg. 3)
2. Application Fees (see table)
3. Written Explanation of the Project
4. Site Plan Showing Proposed Development
5. Proof of Ownership (warranty deed or title policy)
6. Legal Description
7. Certificate of Taxes Paid

<b>Application Fees</b>	<b>Amount</b>	<b>Due</b>
PUD Major Amendment	\$2,200	After complete application received
Tri-County Health	\$210 (public utilities - TCHD Level 2) \$360 (individual septic - TCHD Level 3 )	After complete application received
Copying	\$5 per page	Prior to public hearing
Recording	\$13 (first page); \$10 (ea. additional)	Prior to public hearing

# Planned Unit Development – Major Amendment Guide to Development Application Submittal

All development application submittals shall comprise of one (1) electronic copy (emailed or delivered on a USB). **Application submittals that do not conform to these guidelines shall not be accepted.**

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### 3. Explanation of the Project:

- A clear and concise, yet thorough, description of the proposal. Please include, if applicable, timeframe, purpose of project, and improvements that will be made to the site

### 4. Site Plan Showing Proposed Development:

- A detailed drawing of existing and proposed improvements
- Including:
  - Streets, roads, and intersections
  - Driveways, access points, and parking areas
  - Existing and proposed structures, wells, and septic systems,
  - Easements, utility lines, and no build or hazardous areas
  - Scale, north arrow, and date of preparation
- An Improvement Location Certificate or Survey may be required during the official review

### 5. Proof of Ownership:

- A deed may be found in the Office of the Clerk and Recorder
- A title commitment is prepared by a professional title company

### 6. Legal Description:

- Geographical description used to locate and identify a property
- Visit <http://gisapp.adcogov.org/quicksearch/> to find the legal description for your property

### 7. Certificate of Taxes Paid:

- All taxes on the subject property must be paid in full. Please contact the Adams County Treasurer's Office
- Or <http://adcogov.org/index.aspx?NID=812>



**Application Type:**

<input type="checkbox"/> Conceptual Review	<input type="checkbox"/> Preliminary PUD	<input type="checkbox"/> Temporary Use
<input type="checkbox"/> Subdivision, Preliminary	<input type="checkbox"/> Final PUD	<input type="checkbox"/> Variance
<input type="checkbox"/> Subdivision, Final	<input type="checkbox"/> Rezone	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Plat Correction/ Vacation	<input type="checkbox"/> Special Use	<input type="checkbox"/> Other: _____

**PROJECT NAME:**

**APPLICANT**

Name(s):  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

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**OWNER**

Name(s):  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

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**TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)**

Name:  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

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**DESCRIPTION OF SITE**

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Have you attended a Conceptual Review? YES  NO

If Yes, please list PRE#:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature