



PRE-APPLICATION MEETING

P.O. Box 2002
Buena Vista, CO 81211
719-395-8643
www.buenavistaco.gov

Project Address
Submit Date
Town Use Only

CONTACT INFORMATION

Applicant Name _____ Applicant Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____ Fax _____

LOCATION INFORMATION

Address or Parcel Number: _____ Zone District _____

Nearest Intersection/Cross Street: _____

DESCRIPTION OF PROPOSED DEVELOPMENT PROJECT

Please allow three working days to process your request. Such period may be extended if extenuation circumstances exist. (Per Colorado Statute)

LEGAL DISCLAIMER

I hereby certify that I have read and examined all application submitted at this time and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. It is my responsibility to review the approved plans and any comments that are contained thereon and see that the structure and/or project is built in compliance with all applicable codes

Applicant Signature _____ Date ____ / ____ / 20 ____

Owners Signature _____ Date ____ / ____ / 20 ____

For Town Staff Only

Date Submitted: ___ / ___ / 20 ___

Date Reviewed: ___ / ___ / 20 ___

Reviewer Name: _____

Planning Approval: _____

Notes

Admin Approval: _____

Date: ___ / ___ / 20 ___