



# PUD APPLICATION

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

Project Address
Submit Date
Town Use Only

## CONTACT INFORMATION

Property Owners Name \_\_\_\_\_ Owners Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

## PUD: BRIEF DESCRIPTION OF PROPOSAL

(Include number and description of proposed PUD zone/overlay districts and land use(s), (e.g., residential, commercial, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PUD MODIFICATIONS FROM THE SPECIFICATIONS, STANDARDS & REQUIREMENTS

Check & describe those items for which modifications are requested: (application shall include separate attachment describing details of all proposed modifications).

<input type="checkbox"/> Streets _____	<input type="checkbox"/> Setbacks _____
<input type="checkbox"/> Curb/gutter/sidewalk _____	<input type="checkbox"/> Architectural Standards _____
<input type="checkbox"/> Parking _____	<input type="checkbox"/> Home owners Association _____
<input type="checkbox"/> Building Height _____	<input type="checkbox"/> Lot Area _____
<input type="checkbox"/> Streetlights _____	<input type="checkbox"/> Building Coverage _____
<input type="checkbox"/> Parks/Open Space _____	<input type="checkbox"/> Landscaping _____
<input type="checkbox"/> Water _____	<input type="checkbox"/> Sewer _____
<input type="checkbox"/> Land Uses _____	<input type="checkbox"/> Density _____
<input type="checkbox"/> Zoning _____	<input type="checkbox"/> Other _____

## OWNERSHIP/MINERAL INTERESTS

Adjacent property owner(s) other than applicant (include all mineral owners/lessees in accordance with C.R.S. 24-65.5-103:

Name	Mailing Address	Telephone
1		
2		

**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 \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
Date

Owners Signature \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
Date

Applicant	Required For All Subdivisions	Town Staff
	<b>Pre-application Meeting.</b> Date of the Meeting: _____	
	<b>PUD Fee</b> <input type="checkbox"/> Same as Subdivision Fees	
	<b>Subdivision Application</b>	
	<b>Proof of Ownership</b> - Used to confirm ownership of the property.	
	<b>Will Serve Letters</b> - A letter from each utilities that will provide service for the new addition. Examples: Atmos Energy(Gas), Sangre de Cristo Electric, Buena Vista Sanitation District	
	<b>2 Professionally prepared plats, See Plat Requirements.</b> Must meet the requirements stated in Article IV of the development code. 17-27 (b)	
	<b>License Land Surveyor [17-36(b)(1)(b)]</b> All plats required or authorized by these regulations shall be prepared by a licensed land surveyor at a scale not more than one (1) inch equals one hundred (100) feet, may be prepared in pen or pencil, and the sheets shall be numbered in sequence if more than one (1) sheet is issued. Sheets shall be twenty-four inches by thirty six inches (24" x 36").	
	<b>Notice for mineral estate owners</b> - (If Applicable) A mailing list of all mineral estate owners entitled to the property. Based off C.R.S. 24-65.5-103	
	<b>For PUD</b>	
	<b>PUD Plan</b>	
	<b>PUD Zoning and descriptions</b>	
	<b>Development schedule</b>	
	<b>Subdivision description</b> (If applicable)	
	<b>Statement &amp; findings</b> by licensed engineer (water, sewer, drainage, natural hazards, etc.).	

## For Town Staff Only

Date Submitted: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Date Reviewed: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Reviewer Name: \_\_\_\_\_

Planning Approval: \_\_\_\_\_

Notes

\_\_\_\_\_  
\_\_\_\_\_

Admin Approval: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_