



DEVELOPMENT REVIEW APPLICATION

Community Development Department • Planning Division

Project Name*: _____

Project Case No.*: _____ **Submittal Date*:** _____ **Fee*:** _____

**To be completed by City staff*

Type of Request:

- | | | |
|---|--|--|
| <input type="checkbox"/> Conceptual Review | <input type="checkbox"/> Revocable Permit | <input type="checkbox"/> Use by Special Review (Various) |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Site Development Plan | <input type="checkbox"/> Urban Renewal Site Plan |
| <input type="checkbox"/> Planned Unit Development Plan | <input type="checkbox"/> Site Development Plan Amendment | <input type="checkbox"/> Vesting Rights |
| <input type="checkbox"/> Planned Unit Development Amendment | <input type="checkbox"/> Subdivision - Final Plat / Replat | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Subdivision - Preliminary Plat | |
| <input type="checkbox"/> ROW / Easement Vacation / Easement Grant | <input type="checkbox"/> Subdivision - Minor Plat | |

Summary of Request: _____

Project Address or Parcel IDs: _____

Applicant / Developer:

Company: _____
 Contact: _____
 Address: _____

 Phone: _____
 E-Mail: _____

Property Owner: (per current title policy)

Company: _____
 Contact: _____
 Address: _____

 Phone: _____
 E-Mail: _____

Planner/Architect/Engineer:

Company: _____
 Contact: _____
 Address: _____

 Phone: _____
 E-Mail: _____

Project Information:

Legal Description: *(attach additional sheet if necessary)*
 Subdivision: _____
 Lot(s): _____ Blk(s): _____
 Proposed Subdivision Name: _____

 Est. Project Land Valuation: \$ _____
 Est. New Construction Valuation: \$ _____

Development Statistics:

(do not leave any blanks - use n/a)
 Current Zoning: _____ Proposed Zoning: _____
(i.e. A-1, E-1, R-1, B-1, I-1, PUD, etc.)
 Current Land Use: _____
 Proposed Land Use: _____
 Size of Property: _____ *(acres/sq.ft.)*
 Flood zone(s): _____
 Proposed residential lots: _____
 Single-family lots: _____ *Townhome units:* _____
 Condo units: _____ *Apartment units:* _____
 Proposed commercial: _____ *(sq.ft.)*
 Proposed industrial: _____ *(sq.ft.)*
Proposed system: *(check one - if applicable)*
 City Sewer Lift Station OWTS/Septic

As owner of the aforementioned property, I hereby consent to the submission of this Application for Development Review and authorize the applicant to act on my behalf with regard to this application.

Owner: _____ **Signature:** _____



REZONING REQUEST

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Applicants must submit the following information in order for the application to be deemed complete and accepted. An application missing any of the items below will be considered incomplete and cannot be processed until the missing items are provided.

- Pre-Application Meeting** - Date: _____ Planner: _____
(It is highly recommended to meet with a member of the Planning staff at least two weeks prior to plan submittal. Use this [Pre-Application Meeting Request](#) form and submit to Planning@Broomfield.org. The meeting provides an opportunity for the applicant to discuss the development proposal and receive preliminary comments and direction from various city department representatives.)
- Fee for Processing, Noticing, and Recording**
 - \$250 = less than 10 acres; or
 - \$650 = more than 10 acres.
 - \$100 = notice and publication fee. (required)
 - \$50 = optional fee for address records search service to facilitate public notification to surrounding properties within 500' of the subject property. (Broomfield properties only)

Broomfield accepts payment of fees by credit card (after submitting your application please call: 303-438-6284) or check (made payable to: The City and County of Broomfield). Please include a reference to the project name or property address in the subject line of the check if sending prior to the issuance of a case number by Broomfield. *Note that there is a processing fee of 2.65% for payments made by credit cards.*

APPLICATION SUBMITTAL DOCUMENTS:

Submit email with a pdf of all items listed on the checklist below to planningapps@broomfield.org. Dropbox or other file sharing tools may be used if needed. All files must be named and organized in accordance with the [Submittal Guidelines](#).

- Application Packet (mm-dd-yyyy)** (Development Review Application and Checklist)
Items waived by city staff must include the authorizing staff member's name next to the checkbox.
- Legal Description (mm-dd-yyyy)** - required for each proposed zone district with a drawing of each area as attached exhibits.
- Proof of Ownership (mm-dd-yyyy)**
(Title Commitment current within 60 days from date of application)
 - Include electronic link with live links to exceptions
- Mineral Estates Notification (mm-dd-yyyy)** - Signed by Owner ([form](#))
- Rezoning Request (mm-dd-yyyy)** - Minimum / Initial Requirements ([BMC Chapter 17-48](#))
 - Written description of proposal including responses to the following questions:*
 - Is the proposed zone district consistent with the Comprehensive Plan?*
 - Are there any known changes in land use, street arrangement, or other physical conditions that have altered the character of the property, or adjoining property, since the present zoning was accepted?*
 - Why is the property in question more reasonably suited for uses permitted under the proposed zone district versus the current district?*

To be completed by Planning:

- INCOMPLETE APPLICATION AND APPLICANT INFORMED ON: _____ (date)
- APPLICATION COMPLETE AND ACCEPTED ON: _____ (date)