



DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT
124 10th STREET
P.O. BOX 775088
STEAMBOAT SPRINGS, COLORADO 80477
(970) 879-2060

Website: www.steamboatsprings.net
Updated: 2/17/09

APPLICATION FORM - FULL

For specific information regarding the submittal requirements for each type of application, please see the Community Development Code. This application will not be accepted until all required information is submitted.

SUBMITTALS ARE ACCEPTED 8 AM - 5 PM, MONDAY - FRIDAY

A. TYPE OF APPLICATION: Please check or circle

- Annexation (ANX)
Admin Final Development Plan
CDC Text Amendment
Community Plan Land Use Map
Development Plan\* (DP)
Final Development Plan\* (FDP)
Official Zoning Map Amendment (ZMA)
Pre-Application Review (PRE)
Preliminary Plat (PP)
Variance (VAR) (Single-family or duplex structure)
Sign Variance
Vested Right
Waterbody Setback Variance (WS)
Written Interpretation

\*Indicate if PUD or Variance is requested

B. DESCRIPTION OF REQUEST (Attach additional sheet if necessary):

Blank lines for describing the request.

C. PROJECT INFORMATION:

Project Name:
Physical Address:
Legal Description:
Zoning: Proposed Zoning (If applicable):
Acres/Square Feet (If applicable):
Is the site within the 100-year floodplain? YES NO

**D. APPLICANT INFORMATION:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**E. PROJECT COORDINATOR OR PRIMARY CONTACT (If different from above):**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**F. CONSULTANTS:**

Name of Firm: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Firm: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Firm: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Firm: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**G. SUBMITTAL REQUIREMENTS:**

A complete application package shall be submitted prior to beginning review of any application. Each application submitted for review shall include the minimum number of copies as indicated in the chart below. The Director shall have the discretion to modify any submittal requirements based upon the number of individuals and entities that need to review the application.

APPLICATION	PLAN ORIGINALS	PLAN COPIES	PLAN REDUCTIONS (11" X 17")	REPORTS & SUPPORTING INFORMATION	LIST OF SURROUNDING PROPERTY OWNERS *
1	1 set	10 FOLDED	5	1	1

\* Please Note: The actual labels are NOT required for check in, just a copy of the list.

**H. PERSONS IN INTEREST:**

Names of **all persons and companies (not including mortgage companies) who hold an interest in the described real property**, whether as owner, lessee, optionee, etc. Application will not be accepted without the required signatures or letter of authorization. Attach additional sheets as necessary.

➤ Owner(s): \_\_\_\_\_ Signature: \_\_\_\_\_  
Interest: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

➤ Owner(s): \_\_\_\_\_ Signature: \_\_\_\_\_  
Interest: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

➤ Owner(s): \_\_\_\_\_ Signature: \_\_\_\_\_  
Interest: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

➤ Owner(s): \_\_\_\_\_ Signature: \_\_\_\_\_  
Interest: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**I. CERTIFICATION:**

(This certification may be completed by an applicant, owner or other representative)

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing the application I am acting with the knowledge and consent of those persons listed above, without whose consent, the requested action cannot lawfully be accomplished.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Title: \_\_\_\_\_

<p><b>For Office Use Only:</b></p> <p>Application received by: _____ Date/Time: _____</p> <p>Pre-Application Review required? Yes ___ No ___ Pre-Application Review held? Yes ___ No ___</p> <p>If yes, Date: _____ Planner: _____</p> <p>Fee Paid: _____ Check # _____ Application Complete: Yes ___ No ___</p> <p>If application is incomplete, list missing or incomplete items:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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### VIII. FIRE FLOW REQUIREMENT WORK SHEET

DATE:_____	CONTACT PHONE#:_____
NAME OF PROJECT:_____	
OWNER/DEVELOPER:_____	
—	
TOTAL BUILDING SQ.FT.:_____	
TYPE OF CONSTRUCTION (2003 IBC):_____	
OCCUPANCY CLASSIFICATION (2003 IBC):_____	
BUILDING SPRINKLERED/UNSPRINKLERED:_____	

FIRE FLOW DEMAND (GPM):_____	DURATION (HRS):_____
MIN.# OF HYDRANTS:_____	AVERAGE SPACING (FT.):_____
MAX.DISTANCE FROM HYD.TO STREET OR ROAD:_____	
<b>(Please attach a vicinity map illustrating approx. location &amp; distances to existing fire hydrants.)</b>	
NOTES:_____	
—	
_____	
—	

**USE TABLES ON FOLLOWING PAGE TO OBTAIN INFORMATION REQUIRED ABOVE.**

**QUESTIONS REGARDING THE ABOVE INFORMATION MAY BE DIRECTED TO THE FIRE DEPARTMENT AT 879-2060 EXTENSION 216.**

**TABLES BELOW TAKEN FROM 2003 INTERNATIONAL FIRE CODE**

**TABLE B105.1: MINIMUM REQUIRED FIRE FLOW AND FLOW DURATION FOR BUILDINGS**

FIRE AREA (square feet)					FIRE FLOW (gallons per minute) <sup>1</sup>	FLOW DURATION (hours)
x 0.0929 for m <sup>2</sup>						
Type I - F.R. II-F.R. <sup>2</sup>	Type II One-HR. III One-HR. <sup>2</sup>	Type IV-H.T. V-One-HR. <sup>2</sup>	Type II-N III-N <sup>2</sup>	Type V- N <sup>2</sup>	x3.785 for L/min.	
Up to 22,700	Up to 12,700	Up to 8,200	Up to 5,900	Up to 3,600	1,500	2
30,200	17,000	10,900	7,900	4,800	1,750	
38,700	21,800	12,900	9,800	6,200	2,000	
48,300	24,200	17,400	12,600	7,700	2,250	
59,000	33,200	21,300	15,400	9,400	2,500	
70,900	39,700	25,500	18,400	11,300	2,750	
83,700	47,100	30,100	21,800	13,400	3,000	3
97,700	54,900	35,200	25,900	15,600	3,250	
112,700	63,400	40,600	29,300	18,000	3,500	
128,700	72,400	46,400	33,500	20,600	3,750	
145,900	82,100	52,500	37,900	23,300	4,000	4
164,200	92,400	59,100	42,700	26,300	4,250	
183,400	130,100	66,000	47,700	29,300	4,500	
203,700	114,600	73,300	53,000	32,600	4,750	
225,200	126,700	81,100	58,600	36,000	5,000	
247,700	139,400	89,200	65,400	39,600	5,250	
271,200	152,600	97,700	70,600	43,400	5,500	
295,900	166,500	106,500	77,000	47,400	5,750	
Greater	Greater	115,800	83,700	51,500	6,000	
"	"	125,500	90,600	55,700	6,250	
"	"	135,500	97,900	60,200	6,500	
"	"	145,800	106,800	64,800	6,750	
"	"	156,700	113,200	69,600	7,000	
"	"	167,900	121,300	74,600	7,250	
"	"	179,400	129,600	79,800	7,500	
"	"	191,400	138,300	85,100	7,750	
"	"	Greater	Greater	Greater	8,000	

<sup>2</sup>Types of construction are based upon the Building Code.

<sup>1</sup>Measured at 20 psi (137.9kPa). See Appendix III-A, Section 2.

**TABLE C105.1: NUMBER AND DISTRIBUTION OF FIRE HYDRANTS**

FIRE-FLOW REQUIREMENT (gpm)	MINIMUM NO. OF HYDRANTS	AVERAGE SPACING BETWEEN HYDRANTS <sup>1</sup> <sup>2</sup> <sup>3</sup> (feet)	MAXIMUM DISTANCE FROM ANY POINT ON STREET OR ROAD FRONTAGE TO A HYDRANT <sup>4</sup>
x 3.785 FOR L/min.		x 304.8 for mm	
1,750 or less	1	500	250
2,000-2,250	2	450	225
2,500	3	450	225
3,000	3	400	225
3,500-4,000	4	350	210
4,500-5,000	5	300	180
5,500	6	300	180
6,000	6	250	150
6,500-7,000	7	250	150
7,500 or more	8 or more <sup>5</sup>	200	120

<sup>1</sup>Reduce by 100 feet (30480 mm) for dead-end streets or roads.

<sup>2</sup>Where streets are provided with median dividers which can be crossed by firefighters pulling hose lines, or arterial streets are provided with four or more traffic lanes and have a traffic count of more than 30,000 vehicles per day, hydrant spacing shall average 500 feet (152.4m) on each side of the street and be arranged on an alternating basis up to a fire-flow requirement of 7,000 gallons per minute (26495 L/min.) and 400 feet (122m) for higher fire-flow requirements.

<sup>3</sup>Where new water mains are extended along streets where hydrants are not needed for protection of structures or similar fire problems, fire hydrants shall be provided at not less than 1,000-foot (305m) spacing to provide for transportation hazards.

<sup>4</sup>Reduce by 50 feet (15240mm) for dead-end streets or roads.

<sup>5</sup>One hydrant for each 1,000 gallons per minute (3785 L/min.) or fraction thereof.

**IX. REQUEST FOR FIRE FLOW AVAILABILITY FORM**

<b>PROJECT</b> <b>NAME:</b> _____ <b>PROPERTY LOCATION:</b> _____ <b>LEGAL DESCRIPTION:</b> _____ <b>(ATTACH SKETCH PLAN)</b> <b>OWNER OR DEVELOPER'S NAME:</b> _____ <b>ADDRESS:</b> _____ _____ <b>CONTACT PHONE:</b> _____
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**INFORMATION IN THE FOLLOWING BOX MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF STEAMBOAT SPRINGS WATER DISTRICT.**

<b>FIRE FLOW DEMAND FOR PROJECTS IN GALLONS PER MINUTE IS:</b> _____ <b>(ATTACH COMPUTATION SHEET)</b>  <b>THE AVAILABLE FIRE FLOW IS:</b> _____ <b>G.P.M. AS DETERMINED BY</b> <b>(METHOD):</b> _____  <b>BY:</b> _____, _____ _____ <p style="text-align: right;"><b>DATE</b></p> <b>(Must be signed by representative from City Utility Dept. or Mt. Werner Water &amp; Sanitation, whichever is applicable.)</b>
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**I the undersigned request the available fire flow at said project and agree to pay all costs associated with obtaining such information.**

**Costs are based on time and materials for obtaining such information from available records and performing actual field tests for computation of flows in G.P.M. at a residual of 20 P.S.I.**

\_\_\_\_\_  
**SIGNATURE** **TITLE**

**DATE** \_\_\_\_\_



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## Request for Waiver Form

The Director may waive certain submittal requirements by means of a written waiver, in order to reduce the burden on the applicant and to tailor the requirements to the information necessary to review a particular application. The Director may waive such requirements where he/she finds that the projected size, complexity, anticipated impacts, or other factors associated with the proposed development clearly support such waiver.

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Please list the submittal requirements you are requesting to be waived and provide an explanation as to why each submittal requirement should be waived.

<u>Submittal Requirement</u>	<u>Reason for Waiver</u>
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____
5. _____	_____ _____

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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124 10<sup>th</sup> STREET  
P.O. BOX 775088  
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## PROOF OF OWNERSHIP AFFIDAVIT

I, \_\_\_\_\_, being duly sworn under oath, hereby depose, confirm and acknowledge that the following facts are true, correct and complete:

1. The attached printout from the Routt County Assessors Office is a true and correct copy of proof of the ownership of the property by \_\_\_\_\_ (name)

Or

The attached Warranty Deed is a true and correct copy of ownership of the stated property showing \_\_\_\_\_ as the grantee.

Or

As of the date of this Affidavit, I hereby swear and subscribe that to the best of my knowledge, \_\_\_\_\_ is the owner of the property described in the above mentioned attachments.

2. To the best of my knowledge, the following is true:

Corporate Officers: \_\_\_\_\_  
LLC Manager: \_\_\_\_\_  
LLC Members: \_\_\_\_\_  
Partners: \_\_\_\_\_

APPLICANT:

\_\_\_\_\_

STATE OF COLORADO )  
) ss.  
COUNTY OF ROUTT )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 200\_, by \_\_\_\_\_, for the Applicant.

Witness my hand and official seal.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# Credit Card Payment

City of Steamboat Springs  
Department of Planning and Community Development  
P.O. Box 775088 / 124 10<sup>th</sup> Street  
Steamboat Springs, CO 80477

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

Mailing Address: \_\_\_\_\_

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

Visa / MC / Discover – Name on Card:

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ 3 digit security code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_