

SPECIAL USE PERMIT APPLICATION

Submittal Requirements

Please note that incomplete submittals will not be accepted for review.

- 1. Review Fee \$450.00
- 2. Public Hearing Fee \$350.00
- 3. Recording Fee to be determined if request is approved
- 4. Signed Special Use Permit Application (*This form.*)
- 5. Ownership and Encumbrances Report: The O&E report must be from a title company and dated within the last 30 days from date of application.
- 6. If real property owner is a legal entity, applicant must provide evidence of authorization to sign on behalf of such entity. (i.e. Articles of Incorporation, Articles of Organization, Operating Agreement, Resolution from the Board of Directors, etc.)
- 7. Vicinity map showing immediately adjacent properties, structures, existing land use, existing zoning and Comprehensive Plan classification(s), streets, sidewalks, and curb sets.
- 8. Written detailed description of the proposed use describing the operational characteristics and potential impact on the existing neighborhood.
- 9. Detail site plan showing location of the existing and proposed buildings and other structures, parking areas and number of available parking spaces for the special use, ingress and egress, outside trash and storage areas, and type of screening, fencing, and landscaping.
- 10. Existing floor plan and elevations of buildings or proposed construction or modifications as may be applicable.
- 11. Map of property owners within one thousand (1,000) feet of the subject property based upon records of the County Assessor as of a date within fifteen (15) days of filing the application. The map shall be from the County Assessor and shall identify the subject site and the location and lot and block number of the properties to be notified. §11-5-13(A)(6), Westminster Municipal Code.
- 12. List of property owners within one thousand (1,000) feet of the subject property based upon records of the County Assessor as of a date within fifteen (15) days of filing the application. The list shall contain the name and mailing address of property owners from the County's records, keyed to the appropriate lot and block number on the County Assessor's maps. §11-5-13(A)(6), Westminster Municipal Code.



If a Group Care Facility or Institutional Care Facility, also provide the following:

• Scaled map indicating the locations of any other Group Care Facility or Institutional Care Facility within 750 feet of the subject property. Measurement shall be from property line to property line, in a straight line.

If a Tattoo or Body Piercing Parlor, also provide the following:

• Scaled map indicating the location of any other tattoo or body piercing parlor within 1,000 feet. Measurement shall be from the closest exterior wall to wall, in a straight line. §11-4-13(A)(7), Westminster Municipal Code.

If an Ambulance Service, also provide the following:

• Scaled map indicating a minimum distance of 500 feet from the boundary of any residential district or property line of a lot devoted to a residential use regardless of the zoning designation, as measured from the property line in a straight line.

If a Thrift Store 5,000 square feet or greater, also provide the following:

• Scaled map indicating the location of any other thrift store within 1,000 feet. Measurement shall be from the closest exterior wall to wall, in a straight line. §11-4-13, Westminster Municipal Code.

If an Institutional Care Facility, also provide the following:

Written plans for: security measures to prevent unplanned and unsafe activities on the part
of residents; screening measures to prevent the placement of residents with a history of or
high risk for violence or abuse of children; the ratio of supervisors to residents; programs for
counseling or rehabilitation; the hours per day or week when counseling or rehabilitation
programs will be administered; the education, training and other qualifications of all staff
members; provisions for recreation including the areas of the building and site to be used for
recreation.

If an Institutional Care Facility, or Group Care Facility, also provide the following:

 A copy of the Colorado State License or the application form for such state license showing the use requested.



By signing below, I assert, under the penalty of perjury, that the above information is true, correct and complete to the best of my knowledge.

Signature of Property Owner (Required)*	Date
Print Name	
Title	
Signature of Business Owner (Required)*	 Date
Print Name	
Title	

*If legal entity, provide evidence of authorization to sign on behalf of such entity.
(Note: more sheets may be added for additional property owner or business owner signatures.)