



# **Town of Mead**

441 Third Street  
P.O. Box 626  
Mead, CO 80542

970-535-4477  
[www.townofmead.org](http://www.townofmead.org)

## **LAND USE APPLICATION**

### **PAGE TWO MUST BE SIGNED AND NOTARIZED**

**Project/Business Name** \_\_\_\_\_

**Project Address** \_\_\_\_\_

**Project Description** \_\_\_\_\_

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

### **Legal Description (Provide Subdivision, Lot #, Block # or Attach Metes and Bounds)**

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

### **Owner**

**Name/Company** (Attach Separate Sheets if Multiple) \_\_\_\_\_

**Contact Person** (If Different) \_\_\_\_\_

**Address/City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

### **Authorized Representative**

**Name/Company** \_\_\_\_\_

**Address/City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Mineral Rights Owner/Lease Holder**

Name/Company (Attach Separate Sheets if Multiple) \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

**Service Providers**

Gas \_\_\_\_\_ Electric \_\_\_\_\_

Water \_\_\_\_\_ Sewer \_\_\_\_\_

Metro District \_\_\_\_\_ Fire \_\_\_\_\_

**Land Use Information**

Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Acres \_\_\_\_\_ Density (DU/Acre) \_\_\_\_\_

# Lots/Units Proposed \_\_\_\_\_

The undersigned is fully aware of the request/proposal being made and the actions being initiated on the referenced property. The undersigned understand that the application must be found to be complete by the Town of Mead before the request can officially be accepted and the development review process initiated. The undersigned is aware that the applicant is fully responsible for all reasonable costs associated with the review of the application/request being made to the Town of Mead. Applicants shall pay all costs billed by the Town for legal, engineering and planning costs incurred by staff, including consultants acting on behalf of staff, necessary for project review. By this acknowledgement, the undersigned hereby certify that the above information is true and correct.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF COLORADO )  
 ) SS.  
County of \_\_\_\_\_)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Witness my hand and official seal. \_\_\_\_\_ Notary Public