



**City of Boulder Planning and Development Services**  
 1739 Broadway, third floor • PO Box 791 • Boulder, CO 80306  
 Phone: 303-441-1880 • Fax: 303-441-3241 • Web: boulderplandevop.net

**RESIDENTIAL GROWTH MANAGEMENT SYSTEM  
 ALLOCATION APPLICATION FORM**

Applicants are required to complete this application form and attach any additional materials that may be necessary. *Late or incomplete submittals will not be accepted.*

**GENERAL INFORMATION**

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Name of the Development: \_\_\_\_\_

Does this request involve a:

- Non-residential portion (mixed use building or project)?      Yes \_\_\_\_ No \_\_\_\_
- Demolished Building?      Yes \_\_\_\_ No \_\_\_\_

**ALLOCATION REQUEST**

*Please Note: Information for each building or single family subdivided lot must be on one line.*

Address	Subdivision	Block	Lot	Bldg	Market (Unrestricted) Units		Permanently Affordable Units	
					Number of Detached	Number of Attached	Number of Detached	Number of Attached

**CERTIFICATION**

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF APPLICANT IS NOT THE OWNER, COMPLETE THE FOLLOWING:**

I (we) hereby authorize \_\_\_\_\_ (Applicant's name) to act as my (our) agent and representative for the purposes of submitting and pursuing this allocation request, receiving allocations pursuant thereto, and applying for and accepting building permits pursuant to said allocations. I affirm that I am the recorded owner of the property for which this allocation request is submitted.

Owner's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Application received by: \_\_\_\_\_ Date/Time \_\_\_\_\_