



**CITY OF BOULDER**  
Planning and Development Services Center  
1739 Broadway, third floor ♦ P.O. Box 791 ♦ Boulder, Colorado 80306  
Phone: 303-441-1880 ♦ Fax: 303-441-3241 ♦ Web: boulderplandevlop.net

## LAND USE REVIEW APPLICATION FORM

**APPLICATION DEADLINE IS 10 A.M. THE FIRST AND THIRD MONDAY OF EACH MONTH.**

The types of reviews for which this form is used and a fee schedule are listed on page 2. Application requirements and required separate attachments for each review type are on page 3. **Inaccurate or incomplete information will result in rejection of the application.**

### GENERAL DATA

(To be completed by the applicant.)

#### PROPERTY

- Street Address (or general location if not addressed): \_\_\_\_\_
- Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ (or attach description)
- Lot Area (in square feet or acres): \_\_\_\_\_ Existing Zoning: \_\_\_\_\_
- Existing Use of Property: \_\_\_\_\_

TYPE OF REVIEW (From page 2) \_\_\_\_\_

#### PROPOSAL

- Description of proposal (Include proposed use and summarize number and size of units/buildings/lots, as applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Name of Development: \_\_\_\_\_
- Name of Applicant: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FAX: \_\_\_\_\_
- Contact Person (if not applicant): \_\_\_\_\_ E-mail: brayarch@comcast.net
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FAX: \_\_\_\_\_

### STAFF USE ONLY

Application received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Review # \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Track #: \_\_\_\_\_ File Name \_\_\_\_\_  
 Subcommunity: \_\_\_\_\_ Project Name: \_\_\_\_\_ Coord.: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_

PERSONS IN INTEREST

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

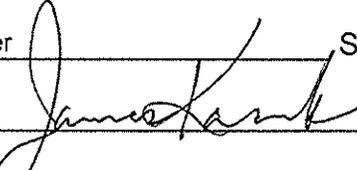
Owner  Lessee  Mortgage  Other \_\_\_\_\_

Name (s): Jim Kasic E-mail: jkasic@comcast.net

Interest: President of the board of directors

Address: 5555 Racquet Court Telephone: \_\_\_\_\_

City: Boulder State: CO Zip Code: 80303 FAX: \_\_\_\_\_

Signature: 

Owner  Lessee  Mortgage  Other \_\_\_\_\_

Name (s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Interest: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Owner  Lessee  Mortgage  Other \_\_\_\_\_

Name (s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Interest: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FAX: \_\_\_\_\_

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

OWNER/APPLICANT CERTIFICATION

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

I certify that the information and exhibits herewith 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. I understand that there may be additional fees required to complete the land use review process.

Name: James Bray Title: Architect

Address: 1300-C Yellow Pine Telephone: (303) 444-1598

City: Boulder State: CO Zip Code: 80304

Signature: 