



Sign Off & Submittal Requirements Form

For Office Use

Pre-Submittal Meeting Date 11/17/22

Planner Initials ts

Identifier Lot 1, Indian Meadows

Pre-Submittal Code PS22-0240

Preliminary Plat (All Types)

To be considered complete, this checklist must accompany all of the materials listed below. A pre-submittal meeting is also required and may be completed in person, over the phone or via email depending on project complexity. Failure to provide required materials will result in a returned application at which point processing will be delayed. Additional materials may be required.

Please submit all items in a PDF format. All items are required unless marked otherwise

Submittal Requirement		Notes
1	Proof of Ownership—Routt County Assessor printout or other documentation	
2	Detailed Narrative—detailed description of the project. Also address approval criteria in Section 713 of the CDC. For Major Variances, also address criteria in Section 719. For right-of-way vacations, also address Section 2.8 of the Engineering standards.	Include any variances to subdivision standards if needed Independent proposal Stand alone
3	Coversheet	X
4	Existing Conditions Plan	X
5	Site Plan	X
6	Phasing Plan	X
7	Plat	only include if subdivision infrastructure will be phased or needed before final plat
8	Grading & Drainage Plan	X
9	Utility Plan	X
10	Street Plan & Profile	X
11	Centerline Cross Sections	
12	Water Service Verification Letter	
13	Utility Sign-Off Sheets	needed if vacating any easements
14	Legal Description	
15	Other	



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Submittal Requirement		Notes
16	Traffic Impact Analysis Report or Waiver*	
17	Soils & Geo-Technical Report or Waiver*	
18	Drainage Study or Waiver*	
19	Water Demand Report or Waiver*	
* Preconsultation approval required prior to submitting a Development Plan application		

ALL Property Owner Signatures Required

I hereby affirm that I am the lawful owner of the parcel(s) this application is concerning. I further authorize the applicant to submit this application and supporting materials for the applicable departmental review by the City of Steamboat Springs.

Signature

2/21/23

Date

Signature

Date

Applicant Signature Required

I, the applicant, affirm that this proposal complies with all CDC regulations and standards, unless specifically requesting a variance, and that this application includes all the required materials to be deemed complete. I understand that if this application or any of the aforementioned submittal requirements are incomplete or found to be insufficient, this application will be returned and not processed any further. In submitting this application, I affirm that all information contained within is true and correct.

Signature

2.24.23

Date