



Sign Off & Submittal Requirements Form

For Office Use

Pre-Submittal Meeting Date _____

Planner Initials _____

Identifier _____

Pre-Submittal Code _____

Development Plan—Administrative (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.

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 709 of the CDC. For Minor Variances, also address criteria in Section 719.	
3 Fire Flow Demand & Availability Calculations	
4 Coversheet	
5 Existing Conditions Plan	
6 Site Plan	
7 Phasing Plan	
8 Architectural Drawings	
9 Landscape Plan	
10 Grading & Drainage Plan	
11 Utility Plan	
12 Lighting Plan	
13 Traffic Impact Analysis Report or Waiver*	
14 Soils & Geotechnical Report or Waiver*	
15 Drainage Study or Waiver*	
16 Water Demand Report or Waiver*	
17 Preliminary Floodplain Analysis	
18 Fire Code Analysis	
19 Other	

* Preconsultation approval required prior to submitting a Development Plan application



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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

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

Date