



Sign Off & Submittal Requirements Form

For Office Use

Pre-Submittal Meeting Date _____

Planner Initials _____

Identifier _____

Pre-Submittal Code _____

Conditional Use

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 707 of the CDC.	
3 Fire Flow Demand & Availability Calculations	
4 Coversheet	
5 Existing Conditions Plan	
6 Site Plan	
7 Architectural Drawings	
8 Traffic Impact Analysis Report*	
9 Fire Code Analysis	
10 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 Jim Schneider _____ 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 Jim Schneider _____ Date _____