

<u>Staff Use Only</u> Application Number:					
Received By:					
Date:					
Fees Paid: \$					
Complete: Y N					

RESUBDIVISION *Replat Instructions*

Amendments to any lots, tracts or parcels, or the relocation or addition of streets within a previously recorded subdivision shall be considered a resubdivision (also known as a "replat") and must be prepared and submitted in compliance with the requirements for subdivisions as set forth in the Craig Land Use Code. Replats are generally subject to the requirements for sketch plan, preliminary plat and final plat as set forth in the Craig Land Use Code (ref. 16.04). These requirements may, however, be waived at the discretion of the City Council.

Prior to submittal of any application materials, applicants must meet with City Staff to determine the appropriate steps for each resubdivision. Please contact the Community Development Department at (970)826-2013 to arrange this meeting.

REQUIRED FOR REPLAT REQUESTS

Complete sets of these documents are required at the time of application. The required quantities are shown next to each item. Originals must be signed in blue ink.

1.	Application Fee of \$500.00.	Y	Ν
2.	Completed Land Use Application form (marked for "Other" Replat). (1 copy)	Y	Ν
3.	Title commitment (dated within 30 days of submission to City) or current proof of ownership. (1 copy)	Y	Ν
4.	Written legal description of property to be considered for replat. (1 copy)	Y	Ν
5.	Additional information as directed by City Staff.	Y	Ν
6.	Sketch, Preliminary or Final Plat as directed by City Staff.	Y	Ν



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LAND USE APPLICATION

1. This is the master land use form for the City of Craig. Please use to apply for:

(please circle one of the following as appropriate)

	Administrative Subdivision Major Subdivision 1 2 3 Planned Development Overlay Sign Permit Temporary Use	Annexation Variance or Appeal Minor Subdivision Rezoning Other:	Conditional Use Waiver RV Park Site Plan				
2.	Project Name:						
	Project Name: please print or type legibly						
3.	Contact information: (a list of ad	lditional contacts may be attached)				
	Owner Name:	Applicant Name:					
	Address:	Address:					
	Telephone: Fax:		Fax:				
	E-mail:	E-mail:					
4.	Property Description:						
	Address or Location:						
	Existing Zoning: E						
	Proposed Zoning: P						
5. Purpose: (describe intent of this application in 1-2 sentences)							
	Certification: (must be signed in l ertify that I am the lawful owner of the p		ication and hereby consent to	o this action.			

Owner: I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owner(s). I understand that all materials and fees required by the City of Craig must be submitted prior to processing of this application.

Date: _

AND

Applicant: Date: