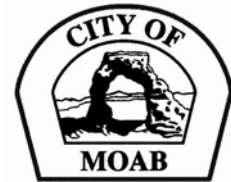


CONDOMINIUM CONVERSION APPLICATION

2 PAGES - FORM MUST BE COMPLETED IN INK



DATE STAMP FOR CITY USE ONLY	<u>To Be Filled Out By Applicant</u>
	PROJECT NAME (if any): _____
	PROJECT STREET ADDRESS OR ACCESS STREET: _____
	<u>FOR CITY USE ONLY</u>
	APPLICATION NUMBER: _____
	DATE RECEIVED: _____
	APPLICATION FEE: \$200.00 PLUS \$25.00 PER UNIT
TREASURER'S RECEIPT NUMBER: _____	

All applications are subject to review by city staff for completeness. Staff will notify the applicant of deficiencies or completeness within fifteen days.

I. GENERAL INFORMATION

Project Name (if any) _____

Address/Location _____

Brief Description of proposal: _____

II. APPLICANT

Please check one of the following: ___ owner ___ agent ___ other

Name: _____

Mailing Address: _____

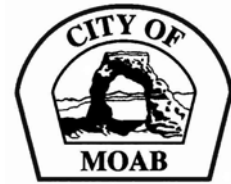
Phone #: _____ Fax #: _____ E-mail _____

III. SUBMITTAL REQUIREMENTS

- ___ 2 Copies of complete record of survey plat set (18" x 24" or 24" x 36")
- ___ 1 Copy of reduced record or survey plat set (8.5" x 11" or 11" x 17")
- ___ 2 Copies (each) of Declarations, By-Laws, and any other Covenants or Restrictions
- ___ Completed & Signed: City of Moab, Condominium Conversion Application
- ___ 2 Copies of any independent inspection reports or other reports if available
- ___ Narrative describing the project
- ___ Applicable Fees

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IV. PROJECT DESCRIPTION

1. Existing Zoning _____
 2. Current use of property _____
 3. Year constructed _____
 4. Number and configuration of residential units
Existing _____ Proposed _____
 5. Commercial area (if any): _____ (gross floor area)
_____ (net leasable area)
 6. Number of off-street parking spaces
Required: _____ Proposed: _____
 7. Project accessed via: (check one)
public road private road private driveway
 8. Proposed occupancy types: (check all that apply)
owner occupied long-term rental nightly rental*
- * Nightly Rental subject to all applicable zoning requirements and business licensing

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am a party whom the City should contact regarding any matter pertaining to this application.

I have read and understood the instructions supplied by Moab City for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until City Staff has reviewed the application and has notified me that it has been deemed complete.

Signature of Applicant: _____ Date _____

Name of Applicant (please print) _____

AFFIRMATION OF SUFFICIENT INTEREST

I hereby affirm that I am the fee title owner of the below described property or that I have written authorization from the owner to pursue the described action.

Name of Applicant (please print) _____

Mailing Address _____

Signature _____ Date _____