

CITY OF MOAB
NEW CONDOMINIUM DEVELOPMENT
APPLICATION

2 PAGES - FORM MUST BE COMPLETED IN INK



A PRE-APPLICATION MEETING WITH CITY STAFF IS REQUIRED FOR THIS APPLICATION

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
- Stamped envelopes addressed to all property owners within 300 feet of the property boundary lines
- Weather resistant signs, no smaller than 3' x 4', securely attached to the ground via a pole, posted by the applicant on the subject property at least three (3) days prior to the public hearing
- Required submittals for Applicable Development Review Process (i.e. Site Plan or Subdivision)
- 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

X. APPLICABLE DEVELOPMENT REVIEW PROCESS

Site Plan

Subdivision

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 _____