

GENERAL DEVELOPMENT APPLICATION

448 East First Street, Suite 112 Salida, CO 81201 Phone: 719-530-2626 Fax: 719-539-5271 Email: planning@cityofsalida.com

| Email: planning@cityofsalida.com | | |
|--|--|--|
| 1. TYPE OF APPLICATION (Check-off as appropriate) | | |
| Annexation Administrative Review: Pre-Annexation Agreement (Type) | | |
| 2. GENERAL DATA (To be completed by the applicant) | | |
| A. Applicant Information Name of Applicant: OREEN HEART LLC ANDY RIGMENSOUNEIDER Mailing Address: 834 H STREET, SALIDA O 81201 Telephone Number: 505-690-5873 FAX: Email Address: Audy O W Concepts. Com Power of Attorney/ Authorized Representative: (Provide a letter authorizing agent to represent you, include representative's name, street and mailing address, telephone number, and FAX) | | |
| B. Site Data | | |
| Name of Development: GREEN HEART PLANNED DEVELOPMENT | | |
| Street Address: 535 7th ST., SALIDA CO 81201 | | |
| Legal Description: Lot Block Subdivision (attach description) PARCE 1 A GREEN HEART BOUNDARY LWE ADJUSTMENT Disclosure of Ownership: List all owners' names, mortgages, liens, easements, judgments, contracts and agreements that run with the land. (May be in the form of a current certificate from a title insurance company, deed, ownership and encumbrance report, attorney's opinion, or other documentation acceptable to the City Attorney) | | |
| certify that I have read the application form and that the information and exhibits herewith submitted are true and correct to the best of my knowledge. Date $2 - 1 - 22$ | | |

Signature of property owner___



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| 1. TYPE OF APPLICATION (Check-off as appropriate) | |
|---|--|
| Annexation | Administrative Review: |
| Pre-Annexation Agreement | (Туре) |
| Variance | |
| Appeal Application | (Type) Minor Subdivision |
| Certificate of Approval Creative Sign Permit | (Type) //////////////////////////////////// |
| Historic Landmark/District | Major Impact Review: |
| License to Encroach | (Type) |
| Text Amendment to Land Use Code | |
| Watershed Protection Permit | Other: |
| Conditional Use | |
| 2. GENERAL DATA (To be completed by the applic | cant) |
| A. Applicant Information | |
| | |
| Name of Applicant: OREEN Itsurg | LC ANDY RIEMENSCHNFIDER |
| Mailing Address: <u>834</u> H STREET, | SALIDA CO FIZO1 |
| Telephone Number: 505-690-5773 | _ FAX: |
| Email Address: any @ wconcepts. | <u>cm</u> |
| Power of Attorney/ Authorized Representative: (Provide a letter authorizing agent to represent you, inclu- telephone number, and FAX) | ide representative's name, street and mailing address, |
| B. Site Data | |
| Name of Development: <u>GREEN</u> <u>175027</u> Street Address: <u>535</u> 7 th STREEN | PLANNED DEVELOPMENT |
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| Signature of applicant/agent | Date 2-3-22 |
| Signature of property owner | Date |