



Summit County Planning Department Application for Development Review

For Staff Use Only	
Date submitted:	Project #
Date deemed complete:	Class:
Fees paid: Yes on _____ date	Staff assigned:

PROJECT NAME:

PROJECT LOCATION

Township/Range/Section:		Subdivision:	<i>Dillon Valey.</i>
Street Address:	<i>14 Beaver Ct.</i>	Block(s):	
Location relative to landmarks or cross-streets:		Lot(s):	

REQUEST (please check all that apply)

Conditional use permit <i>CHILD CARE</i>		Preliminary plat	
Final PUD		Site plan	
Final plat		Subdivision exemption	
Final zoning		Temporary use permit	
Non-conforming parcel plan review		Vacation/easement	
Preliminary zoning		Variance	
Preliminary PUD		Other	

APPLICANT

Name <i>IRMA FLORES</i>	Phone # <i>970 513 4680</i>
E Mail Address	Fax #
Mailing Address <i>P.O. BOX 8205 Breckenridge CO.</i>	City, State, Zip <i>Dillon CO. 80435</i>

OWNER (if different from applicant)

Name	Phone #
E Mail Address	Fax #
Mailing Address	City, State, Zip

APPLICANT'S PROJECT PLANNER (if different from applicant)

Name	Phone #
E Mail Address	Fax #
Mailing Address	City, State, Zip

PROJECT DESCRIPTION

Size of site		acres		square feet
Zoning		current		proposed
Residential uses		# of units proposed		# of employee units proposed
Non-residential uses		type of use		square feet
Lodging uses		# of units proposed		square feet
Other (please describe)				