



TOWN OF MONUMENT
 645 BEACON LITE ROAD
 MONUMENT, CO 80132

PLANNING DEPARTMENT
 Phone: 719-481-2954
 Email: planning@tomgov.org
www.townofmonument.org

DEVELOPMENT REVIEW APPLICATION

Project Number: _____

PROJECT INFORMATION

Project Name: _____
 Project Description: _____
 Property Address/General Location: _____
 Total Land Area (acres): _____ Parcel #: _____

APPLICANT INFORMATION

Name: _____
 Person to Contact: _____
 Mailing Address: _____
 Phone: _____ Email: _____

PROPERTY OWNER INFORMATION

Name: _____
 Person to Contact: _____
 Mailing Address: _____
 Phone: _____ Email: _____

PRIMARY POINT OF CONTACT FOR THIS PROJECT: _____

PLANNING DEPARTMENT DEVELOPMENT REVIEW FEES

APPLICATION TYPE	APPLICATION FEE
<input type="checkbox"/> Annexation	\$2,000 (10 acres or less) \$3,500 (over 10 acres)
<input type="checkbox"/> Rezoning	\$1,000
<input type="checkbox"/> Site Plan	\$3,500 (5 acres or less) \$5,000 (over 5 acres)
PLANNED UNIT DEVELOPMENT (PUD)	
<input type="checkbox"/> Preliminary PUD*	\$3,500 (5 acres or less) \$5,000 (over 5 acres)
<input type="checkbox"/> Final PUD	\$3,000
<input type="checkbox"/> PUD Major Amendment	\$2,000
<input type="checkbox"/> PUD Minor Amendment	\$1,000

SUBDIVISION	
<input type="checkbox"/> Sketch Plan	\$1,000
<input type="checkbox"/> Preliminary Plat*	\$3,000
<input type="checkbox"/> Final Plat	\$1,500
<input type="checkbox"/> Minor Plat or Replat	\$1,500
<input type="checkbox"/> Plat Amendment	\$1,000
<input type="checkbox"/> Plat, Right-Of-Way or Easement Vacation	\$1,000
OTHER	
<input type="checkbox"/> Sign Permit	\$100 per permanent sign; \$15 per temporary sign
<input type="checkbox"/> CMRS Facility	\$500 Building or Structure Mounted*** \$500 Freestanding*** \$500 Roof Mounted*** \$270 Small Cell or Microcell Facility**** \$270 Small Cell Network****
***For non-recurring fees, including a single up-front application that includes up to five small cell facilities, with an additional \$100 for each small cell facility beyond five, or \$1,000 for non-recurring fees for a new pole (i.e., not a collocation) intended to support one or more small cell facilities.	
****Per small cell facility per year for all recurring fees, including any right of way access fee or fee for attachment to Town-owned structures in the right of way.	
<input type="checkbox"/> Zoning Variance – Non-Residential	\$1,000
<input type="checkbox"/> Zoning Variance – Residential	\$500
<input type="checkbox"/> Conditional Use	\$500**
<input type="checkbox"/> Additional Review Fee (after two reviews)	\$200: plus \$50 per hour (\$1000 maximum fee) per review
<input type="checkbox"/> Additional Charges	\$50 per hour for additional research; at staff discretion
<input type="checkbox"/> Construction Document (CDs) Review	\$500
NOTES:	
* Preliminary/Final concurrent review shall be charged as preliminary.	
** There may be an additional \$3,000 application fee charged for requests with infrastructure issues; at Planning Staff discretion.	

CERTIFICATION

I certify the information and exhibits submitted are true and correct to the best of my knowledge and that in filling out this application, I am acting with the knowledge, consent, and authority of the owners of the real property, without whose consent and authority the requested action could not lawfully be accomplished. Pursuant to said authority, I hereby permit Town officials to enter upon the property for the purpose of inspection, and if necessary, for evaluation of the proposal. I understand that as the applicant designated on this application, I am liable for all fees and costs associated with the Town's review of this project. These may include, but are not limited to engineering and consultant fees, public notice costs, recordation fees, and any other fees paid by the Town in connection with or related to the review of this application. Payment of the above fees shall not relieve the payment of any other fees imposed by the Town.

Applicant: _____
Name (printed)

Date: _____

By: _____
Signature

As owner of the aforementioned property, I hereby consent to the submission of this application and authorize the applicant to act on my behalf with regard to this application.

Owner: _____
Name (printed)

Date: _____

By: _____
Signature

TO BE COMPLETED BY PLANNING STAFF ONLY

Date Application Received: _____ Date Application Complete: _____

Date of Pre-Application Meeting: _____

Current Zoning of Subject Property: _____ Comprehensive Plan Designation: _____

Total Fees Paid: _____ Check # _____ Act# _____