



Archuleta County  
Planning Department

Project #: \_\_\_\_\_

PO Box 1507  
Pagosa Springs, CO 81147  
(970) 731-3877  
www.archuletacounty.org

# Plat Amendment Application

**Applicant/Owner(s):**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant/Owner or Designated Agent\*\*:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*\*Statement of Agent must accompany application

**Property Information:**

Township \_\_\_ Range \_\_\_ Section \_\_\_ 1/4Sect \_\_\_

Assessor Parcel Number \_\_\_\_\_

Street Address: ( if applicable) \_\_\_\_\_

\_\_\_\_\_

Subdivision: \_\_\_\_\_

Unit: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Total acreage:** \_\_\_\_\_

**Zoning Information**

Current Zoning: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Use Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check One: Sketch Plan \_\_\_\_\_

Preliminary Plat \_\_\_\_\_

Final Plat \_\_\_\_\_

**Review of Land Use Regulations:** Initial boxes to indicate understanding and compliance.

I understand that the above application has excerpts from the Land Use Regulations and that it is my responsibility to fully review the Land Use Regulations to be certain that I have addressed all issues and requirements of the Regulations.

**Right of Ingress**

I hereby grant authorized county personnel the right of ingress and egress from said lands for any and all inspection purposes necessary to the exercises of

**Person who holds the recorded Warranty Deed:**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_