

CONTACT INFORMATION

DEVELOPMENT REVIEW MEETING

P.O. Box 609
Eagle, CO 81631
970-328-9627
jessica.lake@townofeagle.org
www.townofeagle.org

Project Address
Received Date
Scheduled Meeting Date
Town Use Only

Applicant Name		Applicant Mailing Address	
City	State	Zip	
Primary Phone Number		Secondary Phone Number	
Email Address		Fax	
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MEETING DOCUMENTS (attachments to be sent prior to scheduling meeting)

- Site Plan / Conceptual Plan existing conditions could be ILC or aerial photo
- · Sketch Plan of proposed work
- Subdivision Plat
- Project Narrative (the above space is sufficient for most proposals for a development permit or a subdivision, provide additional information, such as: number of units, all uses on property, etc.
- List of Attendees (please provide full name and email addresses)

LEGAL DISCLAIMER

I hereby certify that I have read and examined all application submitted at this time and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. It is my responsibility to review the approved plans and any comments that are contained thereon and see that the structure and/or project is built in compliance with all applicable codes

Applicant Signature	// 20
	Date

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