

**GATEWAY TO ALL SEASON FUN**

**TOWN OF DEL NORTE**

140 SPRUCE STREET  
P.O. BOX 249  
DEL NORTE, CO 81132



PHONE NO. (719) 657-2708  
FAX NO. (719) 657-2035

**SHORT PROCEDURE SUBDIVISION APPLICATION**

TO: Del Norte Board of Trustees  
Del Norte Planning Commission  
Del Norte, Colorado 81132

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

**FRIENDS:**

Application in duplicate is hereby made for a Short Procedure Subdivision pursuant to Section 17-6-10 of the Del Norte Municipal Code.

**A. Application Condition:**

1. This is a resubdivision of any already existing lot within a previously recorded subdivision which has already fulfilled standard submission requirements. Resubdivided parcel contains (square feet): \_\_\_\_\_.
2. The subdivided lots will conform to the existing zoning: \_\_\_\_\_.
3. The subject lots are not a portion of a parcel previously divided under Section 17-6-10.
4. All lots have access to a public road: \_\_\_\_\_.
5. Adequate water can and will be provided.
6. Adequate sewage disposal facilities can and will be provided: \_\_\_\_\_.
7. Restrictions to Section 17-6-10 will be recorded with the titles to all resubdivided lots: \_\_\_\_\_.

**B. Application Requirements:**

1. This Application is accompanied by a sketch plan of the property showing how the property would be divided, the location of existing structures (if any) and the location of existing and proposed roads. All dimensions will be shown on the sketch Plan. If insufficient space is provided, supply on a separate sheet of paper.

2. Upon request by the Planning Commission, a survey of the property (plat) for which the subdivision is sought showing the corners and boundaries of the land to be divided, and the subdivided parcels, easements and rights-of-way (if any) and access roads, certified to by a licensed or registered land surveyor, is provided.

PRINTED NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

ADDRESS AND PHONE NUMBER OF APPLICANT:

\_\_\_\_\_

\* All information requested is attached to this application form: \_\_\_\_\_

\* Application fee is enclosed: \_\_\_\_\_

Received: \_\_\_\_\_

Date

By: \_\_\_\_\_

Agent (Town)

\* Upon final approval, the approved Mylar plat and four copies are included: \_\_\_\_\_.

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APPROVED:

\_\_\_\_\_  
Mayor

ATTEST:

\_\_\_\_\_  
Town Clerk/Administrator