



DOUGLAS COUNTY
 Department of Community Development
 Planning Services
 100 Third Street, Castle Rock, CO 80104
 (303.660.7460)
 www.douglas.co.us

**SPECIAL DISTRICT
 SERVICE PLAN APPLICATION**

PLEASE FILL OUT THIS APPLICATION FORM COMPLETELY

DISTRICT NAME: _____

LOCATION: _____

LEGAL DESCRIPTION: (attach)

PLANNED DEVELOPMENT
 SUBDIVISIONNAME(S): _____

FILING#: _____

SECTION#: _____

TOWNSHIP: _____

RANGE: _____

PROPERTY TAX PARCEL #(s): _____ PRESENT ZONING: _____

_____ GROSS ACREAGE: _____

PLANNING OFFICE USE ONLY

NEW DISTRICT/PRESUBMITTAL MAJOR MODIFICATION

NEW DISTRICT CONSOLIDATION

DATE COMPLETE APPLICATION SUBMITTED _____

PLANNER SIGNATURE _____ DATE _____

FEE (if required) _____ PROJECT NO. _____

APPLICANT (Petitioner not Consultant)

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

FINANCIAL CONSULTANT

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

AUTHORIZED REPRESENTATIVE

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

ENGINEERING CONSULTANT

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LEGAL CONSULTANT

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PROPERTY OWNER (Provide separate list if more than one owner)

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

To the best of my knowledge, the information contained on this application is true and accurate.

APPLICANT SIGNATURE _____ DATE _____