Community & Economic Development Department www.adcogov.org



4430 South Adams County Parkway 1st Floor, Suite W2000B Brighton, CO 80601-8218 PHONE 720.523.6880

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<u>ADMINSTRATIVE USE BY SPECIAL REVIEW PERMIT – MINOR AMENDMENT</u>

Application submittals must include all documents on this checklist as well as this page.

All submittals shall include one (1) hard copy of all documents and one (1) electronic copy with all documents combined in a single PDF. For hard copies, each document shall be labeled or tabbed with corresponding checklist number.

A minor amendment to an Administrative Use by Special Review (AUSR) Permit must be obtained for proposed changes to an oil and gas facility resulting in a material change to any Conditions Precedent, Conditions of Approval, Findings of Fact or any representations and commitments made by the applicant during the original AUSR process or as previously approved by Adams County.

<u> </u>	Development Application Form			
<u> </u>	Application Fees			
<u></u>	Written Explanation			
	a. A detailed project summary describing proposed changes at the oil and gas facility and rationale for desired changes.b. List of all new equipment to be added to the oil and gas facility with purpose, benefit and justification for its addition (where applicable).c. Summary explanation of expected impacts to surrounding areas of the proposed changes and mitigation measures where necessary.			
4.	Copy of Form 2A and/or Form 2 from the Colorado Oil and Gas Conversation Commission (if changed).			
5.	Operations plan a. Including a Site Plan and impact area map			
6.	Sound Impact Analysis, including recommendations for mitigation where necessary			
<u> </u>	Emergency Preparedness Plan			
	a. A detailed summary of the proposed change's impact on emergency response procedures and access.			

Application Fees	Amount	Due
AUSR Minor Amendment	\$500	With application submittal

Updated: March 2021

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Application Type:						
Subd	eptual Review Preliminary PU ivision, Preliminary Final PUD ivision, Final Rezone Correction/ Vacation Special Use	Temporary Use Variance Conditional Use Other:				
PROJECT NAME:						
APPLICANT						
Name(s):		Phone #:				
Address:						
City, State, Zip:						
2nd Phone #:		Email:				
OWNER						
Name(s):		Phone #:				
Address:						
City, State, Zip:						
2nd Phone #:		Email:				
TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)						
Name:		Phone #:				
Address:						
City, State, Zip:						
2nd Phone #:		Email:				

DESCRIPTION OF SITE

Address:	
City, State, Zip:	
Area (acres or square feet):	
Tax Assessor Parcel Number	
Existing Zoning:	
Existing Land Use:	
Proposed Land Use:	
Have you attende	d a Conceptual Review? YES NO NO
If Yes, please list	PRE#:
under the author pertinent requirem Fee is non-refund	at I am making this application as owner of the above described property or acting rity of the owner (attached authorization, if not owner). I am familiar with all nents, procedures, and fees of the County. I understand that the Application Review dable. All statements made on this form and additional application materials are my knowledge and belief.
Name:	Date:
	Owner's Printed Name
Name:	
	Owner's Signature