



GENERIC APPLICATION FORM

Planning & Development Services
455 Mountain Village Blvd. Suite A
Mountain Village, CO 81435
970-728-1392
970-728-4342 Fax
cd@mtnvillage.org

Revised 2.26.18

APPLICATION		
APPLICANT INFORMATION		
Name:		E-mail Address:
Mailing Address:		Phone:
City:	State:	Zip Code:
Mountain Village Business License Number:		
PROPERTY INFORMATION		
Physical Address:		Acreage:
Zone District:	Zoning Designations:	Density Assigned to the Lot or Site:
Legal Description:		
Existing Land Uses:		
Proposed Land Uses:		
OWNER INFORMATION		
Property Owner:		E-mail Address:
Mailing Address:		Phone:
City:	State:	Zip Code:



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DESCRIPTION OF REQUEST

OWNER AGENT AUTHORIZATION FORM

I have reviewed the application and hereby authorize(*agent name*) _____
of (*agent's business name*) _____ to be and to act as my designated
representative and represent the development application through all aspects of the development review
process with the Town of Mountain Village.

(Signature)

(Date)

(Printed name)