

APPLICATION FOR SUBDIVISION APPROVAL

DOLORES COUNTY PLANNING COMMISSION

Check One: File No. _____
Preliminary Plan ()
Final Plat () Date of Application _____

Name of Subdivision _____

If a Final Plat, indicate:
Section Number, if any _____

Date of Preliminary Plan Approval _____

Location _____

Owner _____

Address _____ Telephone _____

Applicant _____

Address _____ Telephone _____

Licensed Land Surveyor or Qualified Sanitarian _____

Address _____ Telephone _____

Existing Land Use _____

Number of lots _____ Total Acreage _____

Minimum lot size _____

Lineal Feed of New Streets _____

Water Supply: Public System _____ On-Lot System _____

Sewage System: Public System _____ On-Lot System _____

Average Sale Price of houses to be built _____

REMARKS:

Signature of Owner of Applicant

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SEWAGE DISPOSAL REPORT

(By _____)

_____ Suitable for the use of individual septic tank systems, provided that:

1. The design of the subdivision for each building lot a sub-surface disposal field having a gross area of at least _____ square feet per bedroom.
2. The tract, or portions of the tract designated, conforms to the following conditions:

_____.

_____ Unsuitable for use of individual septic tank systems for the following reasons:

_____.

_____ Suggested alternate method of sewage disposal:

_____.

_____ Department of Health

Reviewing Office _____ Date _____

It is understood that the conclusions rendered on this report do not cover the installation of the individual septic tank systems. The design, construction and installation of each facility should be based upon specific conditions affecting each building lot.

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SEWAGE DISPOSAL REPORT

I hereby certify that the attached information in this Sewage Disposal Report is true and correct and that these tests have been made under supervision by _____ in accordance with the procedures required by these regulations.

Licensed Engineer or
Qualified Sanitarian **(Seal)**

Date

Signature of Subdivider

Date

APPLICATION OFR SUBDIVISION APPROVAL

SEWAGE DISPOSAL REPORT

Soil Percolation Test Report

Test Hole	Time	Depth of Water	Drop	Comments
No.				
Depth				
Soil Type				
Rate of Fall				
Min/Inch				
No.				
Depth				
Soil Type				
Rate of Fall				
Min/Inch				
No.				
Depth				
Soil Type				
Rate of Fall				
Min/Inch				
No.				
Depth				
Soil Type				
Rate of Fall				
Min/Inch				

SUBDIVISION IMPROVEMENTS AGREEMENT
(Continued)

The above improvements shall be constructed in accordance with all County requirements and specifications, and conformance with this provision shall be above determined solely by the below named County or its duly authorized agent.

The improvements shall be constructed in accordance with the time schedules shown

Signature of Subdivider
(If corporation, to be signed by President
and attested by Secretary, together with the
corporate seal)

Dated: _____, 20_____

ACCEPTANCE

Approved by resolution of the _____

At the meeting of _____, 20_____.

Signature of Authorized Officer of County

SUBDIVISION CERTIFICATE OF DEDICATION AND OWNERSHIP

KNOW ALL MEN BY THESE PRESENTS that _____
Being the owners(s) of certain lands in Dolores County, Colorado, described as follows:

and containing _____ acres more or less, have by these presents laid out, platted and subdivided the same into lots and blocks, as shown on the plat, under the name and Style of _____, and do hereby grant to the County of Dolores, State of Colorado, for the use of the public, the Avenues, Streets, Drives, Courts and Places hereon shown. Also the easements are reserved as shown, for public utility purposes and drainage.

Executed this _____ day of _____, A.D. 20_____.

Owner(s) _____

The foregoing dedication was acknowledged before me this _____ day of _____, A.D. 20____, by _____.

My Commission expires _____.

WITNESS MY HAND AND SEAL

Notary Public _____

Approved and accepted this _____ day of _____, A.D. 20_____.

DOLORES COUNTY BOARD OF COMMISSIONERS

_____, Chairman

Attest: _____
County Clerk and Recorder