LAND USE REVIEW DIVISION

COMMUNITY DEVELOPMENT DEPARTMENT

MINERAL ESTATE OWNER NOTIFICATION CERTIFICATION AFFIDAVIT

APPLICANT: _____

PROJECT: _____

CITY PLANNING FILE NUMBER(S): _____

The Applicant certifies that he has complied with the applicable provisions of the City of Colorado Springs Mineral Estate Owner Notification process. The Applicant certifies that the records, including filed requests for surface development notification forms, of the El Paso County Tax Assessor and the Clerk and Recorder were examined. The Applicant further certifies the following:

☐ Yes, a separate mineral estate owner(s) was identified and the Applicant certifies that 1.) the mineral estate owner(s) was notified by certified mail, return receipt requested, or by a nationally recognized overnight courier of the initial City Planning Commission public hearing not less than thirty (30) days prior to the hearing; 2.) he has attached a listing of the Mineral Estate Owner(s) with mailing addresses, and 3.) has attached a copy of the notice that was mailed. Said notice contained the time and place of the public hearing, the nature and subject of the hearing, legal description of the property and the name of the applicant.

☐ Yes a separate mineral estate owner(s) was identified, but the Applicant certifies that 1.) no mailing addresses of record(s) are known; 2.) he has attached a listing of the Mineral Estate Owner(s); and 3.) no further action was taken.

☐ No separate mineral estate owner(s) were identified and no further action was taken.

Pursuant to 24-65.5-103(4), C.R.S., I certify that above is true and accurate and that I have acted in good faith to comply with the applicable provisions of the City of Colorado Springs Mineral Estate Owner Notification process.

Dated this _____ day of_____, 20_____.

_____

Signature

Notary Certificate:

STATE OF COLORADO)
) sis
COUNTY OF EL PASO)

The foregoing certification was acknowledged before me this ___ day of _____., 20__, by _____.

Witness my hand and official seal.

My commission Expires: _____

_____

Notary Public