

## ADAMS COUNTY COLORADO AIR AND SPACE PORT (CASP) PROJECT/HANGAR DEVELOPMENT APPLICATION

PLEASE PROVIDE ALL THE FOLLOWING INFORMATION.

Submission Date: \_\_\_\_\_

I. ENTITY	ORGANIZATION	INFORM	<b>1ATION</b>
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Entity/Organization Name							
Primary Contact(s)			Phone				
Address			City		State	Zip	
Email			Website (If Applicable)				
II. AIRCRAFT INFORMATION (IF AP	PLICABLE)						
Aircraft Owner							
Aircraft Model(s)/Type(s)							
III. PROJECT INFORMATION							
Project Name		Parcel	Parcel				
Estimated Project Start Date	Estimated Project	End Da	te	Proposed Inv	vestment		
Requested Lease Term		Will Pi	rojected Be F	inanced or Fu	ınded By Pro	oposer?	
IV. PROJECT DESCRIPTION							
Describe the project and explain what will be from the project and the service area.	e accomplished witl	h the co	empletion of	this project, ir	ncluding wh	o will benefit	
Provide Concept Plan. All plans submitted in Preliminary Concept Plans Design plans After CASP staff reviews the application and a	ans at the 75% stage	□ De	esign plans at	the 100% com			

I hereby affirm that this application meets the requirements of Colorado Air and Space Port, or includes proper requests for variance,
waiver, or exception from provisions that it does not meet. I understand if it does not meet these requirements or, if proper requests
for variance, waiver, or exception are not included, this application may be returned and not scheduled for approval by CASP
management and the Adams County Community & Economic Development Department.

Authorized Signature:	Date:	

Please email a digital copy of the signed form to CFObusiness@adcogov.org.

V. IN-OFFICE USE ONLY					
☐ Project/Hangar Application accepted by CASP administration Signed by:	County building permit number associated with this project				
FAA Form 7460-1					
Environmental impact alterations that must be completed					
Date environment impact alterations completed	Date of business license at CASP / Fee paid: \$				

