City of Louisville
COLORADO • SINCE 1878

Department of Planning and Building Safety
749 Main Street • Louisville CO 80027 • 303.335.4592 • www.louisvilleco.gov

LAND USE APPLICATION

CASE NO. _____

APPLICANT INFORMATION

Firm: Corvus Nidus, LLC
Contact: Joshua Martinsons
Address: 707 12th Street
Boulder, CO 80302
Mailing Address: _____
Telephone: 917-327-9301
Fax: _____
Email: joshua@theroseandraven.com

OWNER INFORMATION

Firm: Portercare Adventist Health System
Contact: Kris Ordelheide cc Dana Talarico
Address: _____
Mailing Address: PO BOX 372660
Denver, CO 80237
Telephone: Dana Talarico: 303-443-3199
Fax: _____
Email: Dana Talarico: dana@taibuild.com

REPRESENTATIVE INFORMATION

Firm: Caddis Collaborative
Contact: Bryan Bowen
Address: 1510 Zamia Ave, #103
Boulder, CO 80304
Mailing Address: _____
Telephone: 303.443.3629
Fax: _____
Email: Bryan@caddispc.com

PROPERTY INFORMATION

Common Address: 511 E. South Boulder Rd
Legal Description: Lot Part of Tract II Blk _____
Subdivision North 7th Filing
Area: 33,559 Sq. Ft.

TYPE (S) OF APPLICATION

- ☐ Annexation
- ☐ Zoning
- ☐ Preliminary Subdivision Plat
- ☐ Final Subdivision Plat
- ☐ Minor Subdivision Plat
- ☒ Preliminary Planned Unit Development (PUD)
- ☐ Final PUD
- ☐ Amended PUD
- ☐ Administrative PUD Amendment
- ☒ Special Review Use (SRU)
- ☐ SRU Amendment
- ☐ SRU Administrative Review
- ☐ Temporary Use Permit: _____
- ☐ CMRS Facility: _____
- ☐ Other: (easement / right-of-way; floodplain; variance; vested right; 1041 permit; oil / gas production permit)

PROJECT INFORMATION

Summary: _____

New 2 story building for uses of a vintners restaurant, cidery and food truck park, with an enhanced outdoor seating, pedestrian, and landscaped area along south and west property lines. The second story contains 3 potential office tenant spaces. The land use is requested as indoor restaurant, outdoor eating and drinking, and offices. Proposed upgrades to water and sewer utilities have been included in this submittal.

Current zoning: CC Proposed zoning: CC

SIGNATURES & DATE

Applicant: _____
Print: Joshua Martinsons
Owner: _____
Print: Portercare Adventist Health System
Representative: _____
Print: Bryan Bowen, 4/03/2020

CITY STAFF USE ONLY

- ☐ Fee paid: _____
- ☐ Check number: _____
- ☐ Date Received: _____