



# ZONING AMENDMENT CHECKLIST

925 6<sup>TH</sup> STREET, ROOM 207  
DEL NORTE, CO 81132

Phone: 719-657-4003

App.	<b>APPLICATION CHECKLIST</b>	County
<input type="checkbox"/>	<b>Pre-application Conference</b> with the County Land Use staff per section 3.03B.2. Date: _____	<input type="checkbox"/>
<input type="checkbox"/>	<b>Application</b> filled out and signed by applicant and/or owner.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Application Fee;</b> CK#: _____; Amt: \$ _____	<input type="checkbox"/>
<input type="checkbox"/>	<b>Signed Agreement for Payment of Development Review Fees</b> in accordance with Subsection 3.02.B.1 CK#: _____; Amt: \$ _____	<input type="checkbox"/>
<input type="checkbox"/>	<b>Surrounding Property Owner List</b> within 1,500 feet of the property as found in the County Assessor's records, mineral interest owners, and/or lessees of record not more than thirty (30) days old.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Written Narrative</b> including the following information: ___ Description of the purpose of the project. ___ Source and quantity of water for the proposed use. ___ Method of wastewater treatment and anticipated quantity generated. ___ Written confirmation from entity approving/providing water or wastewater. ___ Description of any natural or man-made hazard and statement describing how the anticipated impact of such hazards would be mitigated if required. ___ Vicinity map showing to scale the proposed project area. ___ Description of any unique features, historical sites, landforms or scenic vistas.	<input type="checkbox"/>
<input type="checkbox"/>	<b>Zoning Map</b> depicting the following items: ___ Drawn to scale ___ Showing boundaries of the subject area ___ Existing and proposed zoning of the property ___ Existing zoning on all adjacent sides of the area	<input type="checkbox"/>
<p><b>Submit documents above with a copy of this form and a completed Land Use Application.</b></p> <p>Date Submitted to County: _____</p>		
<p><b>COUNTY CERTIFICATION OF COMPLETED APPLICATION</b></p> <p>Signed: _____ Date: _____</p>		



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## Referral Agency Notification

The County may request comments from any affected state and public agencies prior to the consideration of any application by the Board.

## Planning Commission Review and Recommendation

Date of Public Hearing: \_\_\_\_\_

Date of Posting: \_\_\_\_\_

Recommendation: \_\_\_\_\_

## Board of County Commissioners Public Hearing and Action

Date of Public Hearing: \_\_\_\_\_

Date of Posting: \_\_\_\_\_

Decision: \_\_\_\_\_