



Fill out three (3) copies

Fee: \$300.00

APPLICATION FOR CHANGE IN ZONING OVERLAY

1. Applicant: _____
2. Address: _____
3. Telephone _____
4. Legal description of land on which zoning overlay change will be located (include acreage of tract):

5. Current Zoning District: _____
6. What is the current primary use of this property? _____
7. What is the proposed primary use of this property? _____
8. Zoning Overlay Requested: _____
9. Statement of Justification for Zoning Overly Change (i.e. undue hardships, etc.):

10. Positive Effects of Proposed Use on Adjacent Areas and the Community at Large:

11. Negative Effects of Proposed Use on Adjacent Areas and the Community at Large:

12. Time Schedule of any Proposed Construction: _____

13. Please attach documentation that the existing infrastructure and utilities are sufficient for the change in zoning overlay.

14. If the current infrastructure and utilities are not sufficient for the change in zoning overlay, please attach documentation of the solutions to those insufficiencies.

15. If this zoning overlay application is approved, the existing zoning ceases to exist and the new approved zoning overlay become the primary use of the property.

I hereby certify that the statements and information provided in this application are, to be best of my knowledge, true and correct; and applicant further agrees that any work and construction associated with the operations or uses of the land proposed herein will be performed in conformity with the Jackson County Zoning Resolution and in compliance with all terms and conditions which may be imposed on the authorization for the special use by the Board of County Commissioners of Jackson County.

Date _____ Applicant's signature _____

DO NOT WRITE BELOW THIS LINE

Date of Public Hearing as set by the Jackson County Board of Commissioners: _____

Disposition of signed copies:

- 1 - Board of County Commissioners
- 2 - Applicant
- 3 - County Administrator

APPROVED/CONDITIONALLY

DISAPPROVED

BOARD OF COUNTY
COMMISSIONERS JACKSON
COUNTY, COLORADO

By:

Date:

Conditions and/or requirements as imposed by the Jackson County Board of Commissioners: