



# REZONE APPLICATION

P.O. Box 2002  
Buena Vista, CO 81211  
719-395-8643  
www.buenavistaco.gov

Project Address
Submit Date
Town Use Only

## CONTACT INFORMATION

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Property Owners Name \_\_\_\_\_ Owners Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

## TYPE OF APPLICATION

- Zoning District Boundary Change     Zoning Map Amendment     Code Text Amendment

## NARRATIVE: WHAT IS THE PLAN & REASON FOR THE ZONE CHANGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach Additional Sheets if Necessary

## JUSTIFICATION FOR DISTRICT CHANGE

\_\_\_\_\_

\_\_\_\_\_

Attach Additional Sheets if Necessary

## BASIC INFORMATION

- Surrounding Zoning** - (MU-MS, MU-1, MU-2, R-1, R-2, R-3, HC, I-1, OSR, AP) and Overlay (Airport, Old Town)  
North: \_\_\_\_\_ South: \_\_\_\_\_ East: \_\_\_\_\_ West: \_\_\_\_\_
- Existing Zoning:**(MU-MS, MU-1, MU-2, R-1, R-2, R-3, HC, I-1)**Requested Zoning:**(MU-MS, MU-1, MU-2, R-1, R-2, R-3, HC, I-1)  
\_\_\_\_\_
- Surrounding Use** - Please choose from (Residential, Commercial, Multi-Use, Industrial, Town Park)  
North: \_\_\_\_\_ South: \_\_\_\_\_ East: \_\_\_\_\_ West: \_\_\_\_\_
- Land Use Being Requested:**  
\_\_\_\_\_
- Number of Existing Lots:** \_\_\_\_\_ **Number of Lots Affected:** \_\_\_\_\_
- Attach Zoning Text Language:**  
 Not Applicable     Attached to Application

**OWNERSHIP/MINERAL INTERESTS**

Adjacent property owner(s) other than applicant (include all mineral owners/lessees in accordance with C.R.S. 24-65.5-103:

Name	Mailing Address	Telephone
1		
2		

**LEGAL DISCLAIMER**

I hereby certify that I have read and examined all application submitted at this time and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. It is my responsibility to review the approved plans and any comments that are contained thereon and see that the structure and/or project is built in compliance with all applicable codes

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Owners Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Applicant	Required Item	Town Staff
	<b>Zone Change Fee(s)</b> <input type="checkbox"/> \$1,000	
	<b>Proof of Ownership</b> - Used to confirm ownership of one or more property's	
	<b>Site Plan</b> - The Plan should show: - Property lines with dimensions - Setbacks (Front, Side(s), Rear) with distances to all structures - All Utility locations and all Easement(s) - Existing and Proposed Structures with perimeter dimensions and square footage - Clear Sight Triangle needs to be denoted (Code section 16.4.4.4.E.2) - Public Trail(s) and Sidewalks abutting the property - All Street / Alley's nearest to the property with access - Existing and Proposed Heights of all structures - All Pertinent Information	
	<b>Vicinity Map</b> - One hard copy, one Electronic copy (PDF)	
	<b>Code Text Amendment Only</b> - Proposed new or revised language	

## For Town Staff Only

Date Submitted: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Date Reviewed: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ Reviewer Name: \_\_\_\_\_

Planning Approval: \_\_\_\_\_

Notes

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Admin Approval: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_