



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

- 1) **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: _____
- 2) **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)

- 3) **Surrounding Use** - Please choose from (Residential, Commercial, Multi-Use, Industrial, Town Park)
North: _____ South: _____ East: _____ West: _____
- 4) **Land Use Being Requested:**

- 5) **Number of Existing Lots:** _____ **Number of Lots Affected:** _____
- 6) **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 _____ / ____ / 20 ____
Date

Owners Signature _____ / ____ / 20 ____
Date

| Applicant | Required Item | Town Staff |
|-----------|---|------------|
| | Zone Change Fee(s) <input type="checkbox"/> \$500 + Costs | |
| | Proof of Ownership - Used to confirm ownership of one or more property's | |
| | Site Plan - 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 | |
| | Vicinity Map - One hard copy, one Electronic copy (PDF) | |
| | Code Text Amendment Only - Proposed new or revised language | |

For Town Staff Only

Date Submitted: _____ / ____ / 20 ____

Date Reviewed: _____ / ____ / 20 ____ Reviewer Name: _____

Planning Approval: _____

Notes

Admin Approval: _____ Date: _____ / ____ / 20 ____