



LAND USE APPLICATION

925 6th Street, Room 208, Del Norte, CO 81132
Phone: 719-657-4003

Application Date: _____ Application # _____

I. Application is made for:

- | | |
|---|---|
| <input type="checkbox"/> Conditional Use Review | <input type="checkbox"/> Temporary Use Review |
| <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Zoning Amendment |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Resubdivision | <input type="checkbox"/> Other |

II. Project Name: _____

Signed Fee Agreement; CK#: _____ Amt: \$ _____

III. Contact information: *(please attach any additional contacts)*

Applicant (if applicable): _____	Telephone: _____
Address: _____	Fax: _____
_____	E-Mail: _____
Owner: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-Mail: _____

If additional owners or applicants, please attach contact information to this application.

IV. Property Description:

Legal Description: _____

Address or Location: _____

Existing Zoning: _____ Existing Use: _____

Proposed Zoning: _____ Proposed Use: _____



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V. Purpose of Application: *(Brief description of what you wish to do)*

PLEASE REVIEW DEVELOPMENT CODE REGULATIONS AND ATTACH ALL DOCUMENTS REQUIRED FOR APPLICATION TYPE

VI. Certification: *Must be signed with BLUE INK.*

OWNER CERTIFICATION OF COMPLETED APPLICATION

Owner: _____ (Print Name)

Signed: _____ Date: _____

APPLICANT CERTIFICATION OF COMPLETED APPLICATION

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by Rio Grande County must be submitted prior to having this application processed.

Signed: _____ Date: _____

Applicant, please do not write below this line.

Fee(s) Paid:		Date:		Check #		Received By:	
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