



NOTE: Land use applications must be submitted BY APPOINTMENT with a planner. Incomplete applications will not be accepted—refer to submittal checklists.

LAND USE CASE PROCESSING APPLICATION

Community Development Department

7500 West 29th Avenue • Wheat Ridge, CO 80033 • Phone (303) 235-2846

(Please print or type all information)

Applicant _____ Phone _____ Email _____
Address, City, State, Zip _____

Owner _____ Phone _____ Email _____
Address, City, State, Zip _____

Contact _____ Phone _____ Email _____
Address, City, State, Zip _____

(The person listed as contact will be contacted to answer questions regarding this application, provide additional information when necessary, post public hearing signs, will receive a copy of the staff report prior to Public Hearing, and shall be responsible for forwarding all verbal and written communication to applicant and owner.)

Location of request (address): _____

Type of action requested (check one or more of the actions listed below which pertain to your request):

- Change of Zone or Zone Conditions
Planned Development (ODP, SDP)
Planned Building Group
Temporary Use, Building, Sign
Variance/Waiver (from Section 26-_____)
Special Use Permit
Conditional Use Permit
Site Plan
Concept Plan
Right of Way Vacation
Subdivision – specify type:
Administrative (up to 3 lots)
Minor (4 or 5 lots)
Major (6 or more lots)
Other: _____

Detailed description of request:

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that in filing this application, I am acting with the knowledge and consent of those persons listed above, without whose consent the requested action cannot lawfully be accomplished. Applicants other than owners must submit power-of-attorney from the owner which approved of this action on his behalf.

Notarized Signature of Applicant _____

State of Colorado }
County of _____ } ss

The foregoing instrument (Land Use Processing Application) was acknowledged by me this ____ day of _____, 20____ by _____.

My commission expires ____/____/20____
Notary Public

To be filled out by staff:

Date received _____ Fee \$ _____ Case No. _____
Comp Plan Design. _____ Receipt No. _____ Quarter Section Map _____
Related Case No. _____ Pre-App Mtg. Date _____ Case Manager _____
Assessor's Parcel No. _____ Current Zoning _____ Current Use _____
Size (acres or sqft) _____ Proposed Zoning _____ Proposed Use _____