

APPLICATION TO AMEND CURRENT USE BY SPECIAL REVIEW

**150 ASH AVE AKRON, COLORADO 80720
(970) 345-2701 ext 2 Fax (970) 345-2702**

**Email planning@co.washington.co.us
www.colorado.gov/washingtoncounty
\$500.00**

Permit Number UAA _____

WASHINGTON COUNTY

STATE OF COLORADO

Date of Application _____ Original Case Number SP _____
(Office use only)

Name of applicant _____

Address _____
City, St, Zip

Email _____

Telephone Number _____ Fax _____

Property Location:
Township _____ Range _____ Section _____ 1/4Section _____

Nearest intersection and distance from _____

Property Owner _____
*SEE BELOW

Address _____
City, St, Zip

Telephone Number _____ Fax _____

Purpose of Original Use by Special Review Request _____

Reason for Amendment Request _____
(If approved, amendment will be recorded by clerk and recorder)

I hereby certify that to the best of my knowledge the above information is true and correct.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Property owner

Approved by: _____ Date _____
Commissioner Chairman

Special Use zoning designations are attached to the land or property for which they are granted. Any amendments to equipment, buildings, or for the purpose the special use was originally sought will be recorded with the Washington County Clerk and Recorder.

Please attach a one page letter on letterhead with the reason for your request for the amendment in use for this property. Return this form with your letter and the above fee to the County Commissioners at the above address.

*If ownership is other than fee simple in sole or joint tenancy such as a trust, partnership, tenants in common, etc. please attach evidence of authority to pursue this application.