



APPLICATION FOR LAND DEVELOPMENT
TOWN OF FOXFIELD, COLORADO

1. Applicant(s)

Address

Tel.

3. Location of property (address or general location)

5. Type of Request.

- Rezoning: Type
Subdivision (Prelim Final Replat)
Exemption Variance (BOA)
Waiver Vacation
PUD Rezoning
PUD Final Development Plan
Use by Special Zoning
Other

2. Property Owner (if different from Applicant)

Address

Tel.

4. Contact Person
Email address

6. Zoning Status

Existing
Proposed

7. Property Description

Address of Property
Acreage
Existing Land Use
Proposed Land Use

Certification:

I (we) certify that the information and exhibits I (we) have submitted are true and correct to the best of my knowledge and in filing the application I (we) am acting with the knowledge and consent of those persons who are owners of the subject property or are parties to this application. I (we) agree to pay all costs pursuant to policies of the Town of Foxfield. I (we) am submitting a deposit with this application and understand that the deposit will be drawn on to pay the actual costs incurred by the Town in reviewing this application. I (we) further agree that I (we) will replenish the deposit as requested in a timely manner. I (we) agree that all materials required by the Town must be submitted before this application is considered for review for technical compliance by the Town.

Signature (Applicant)

Signature (Property Owner)

Date

Date

For Office Use Only

Date Application Referred _____

Review Hearing Date _____

Deposit Fees Paid \$ _____; \$ _____; \$ _____

Date _____; _____; _____

Comments

* * * * * * * * * * * *

_____ Approved _____ Denied

Resolution No. _____

Date _____