



Planning Department

304 Central Avenue

Wiggins, CO 80654

Voice: 970-483-6161

Fax: 970-483-7364

Email: hbecker@wigginsco.com

Filing Fee: \$

Payable to: Town of Wiggins

REZONING APPLICATION FORM

APPLICANT INFORMATION

Name: _____ Phone: _____

Company: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER AND LAND USE INFORMATION

Owner Name: _____

Property Address: _____ Existing Use: _____

Property Size: _____ Acres Existing Zone District _____

Property Legal Description: _____

Proposed Re-Zone Type: _____ Proposed Use: _____

SUBMITTAL CHECKLIST:

***Please note that the application and all submitted requirements are necessary prior to scheduling a hearing.**

- Consultation Meeting or Discussion with Town Manager. This is required prior to submitting a rezoning application.
DATE OF COSULTATION: _____
- Sketch to Scale Map of Proposed Use After Zoning Change.
- Property Boundary Map.
- Proof of Ownership in form of a Title Commitment.
- All other appropriate items from Appendix 7 of the Wiggins Land Development Code that pertains to the property in question.
- List of property owners within 300 feet of subject property prepared by title company or attorney.
- Filing Fee: \$ _____ **PAYABLE TO: TOWN OF WIGGINS OR** a Cost Agreement submitted with appropriate deposit.

CERTIFICATION: I hereby certify, by signing below, to the best of my knowledge and belief, all information supplied with this application is true and accurate and that consent of those persons listed above, without whose consent the requested action cannot lawfully be accomplished, has been granted.

X

Signature of Applicant

Title

Date