

**ZONING AMENDMENT APPLICATION**

**CHEYENNE COUNTY**

**STATE OF COLORADO**

Number: \_\_\_\_\_

Fee: \_\_\_\_\_

Date: \_\_\_\_\_

**Submitted By:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Proposed Change:**

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**If this change proposes a zoning reclassification, please complete the following:**

**Property's Legal Description:**

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**Property Owner(s) Name(s) and Address(es):**

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**Property's Current Zoning Designation:** \_\_\_\_\_

**Current Property Use(s):** \_\_\_\_\_

**Property Dimensions and Size:** \_\_\_\_\_

**Note:** If this application proposes amending a zoning classification, the application shall also contain a plat, drawn to scale, which shall clearly show the property's proposed to be reclassified and its present zoning classification and existing uses.

**Public Hearing Date:** \_\_\_\_\_

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*(Completed by County)*

**Planning and Zoning Board's Comments and Recommendations:**

**Comments** (if any):

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**Decision:**

\_\_\_\_\_ Approval

\_\_\_\_\_ Denial

**Conditional Approval Requirements (if any):**

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By: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman of the Board

**Board of County Commissioner's Final Action:**

**Comments** (if any):

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**Decision:**

\_\_\_\_\_ Approval

\_\_\_\_\_ Denial

**Conditional Approval Requirements (if any):**

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By: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman of the Board