



Planning Department  
970-224-3211

# APPEAL

Project Name:

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*Must be submitted within 30 working days from the date of the Town action being appealed.*

APP.

TOWN

Application Fee; Amount: \$100 (to be refunded if appeal is granted)

Due within 72 hours of submittal by check or with the submittal online at <https://www.colorado.gov/payment/townoftimnath>

State the specific Town action and the date of the action being appealed:

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Describe request/problem and other mitigating factors (attach any additional materials):

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# LAND USE APPLICATION

<b>Project Name:</b>

## I. Application is made for:

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Plat \$50                    | <input type="checkbox"/> Planned Development Overlay \$500                  |
| <input type="checkbox"/> Administrative Waiver \$100                 | <input type="checkbox"/> Preliminary Plat \$500 + \$10 per lot over 25 lots |
| <input type="checkbox"/> Annexation Application \$500 + 150 per acre | <input type="checkbox"/> Rezoning \$500                                     |
| <input type="checkbox"/> Annexation Petition \$500 + \$300 per acre  | <input type="checkbox"/> Sketch Plan \$250                                  |
| <input type="checkbox"/> Comprehensive Plan Amendment \$250          | <input type="checkbox"/> Site Plan \$500                                    |
| <input type="checkbox"/> Conditional Use \$100                       | <input type="checkbox"/> Variance \$50                                      |
| <input type="checkbox"/> Final Plat \$500                            | <input type="checkbox"/> Wireless Telecom Facility \$250                    |
| <input type="checkbox"/> Minor Subdivision \$100                     | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Modification to Prior Approval \$250        |   |

## II. Project Name: \_\_\_\_\_

- Signed Fee Agreement; New Agreement Amount: \$ \_\_\_\_\_ or Use Existing

## III. Contact information: *(please attach any additional contacts)*

Owner: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____
Applicant: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____

## IV. Property Description:

Address or Location: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

## V. Purpose of Application: *(please attach any additional information)*

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\_\_\_\_\_

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# LAND USE APPLICATION

Project Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VI. Certification:** *Must be signed with **BLUE INK**.*

**OWNER CERTIFICATION OF COMPLETED APPLICATION**

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

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**APPLICANT CERTIFICATION OF COMPLETED APPLICATION**

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

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

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