



Planning Department
970-224-3211

REZONING TECH FORM

Project Name: _____

APP.	TOWN
Pre-Application Conference or Concept Review	
Application Fee; Amount: \$500 Due within 72 hours of submittal by check or with the submittal online at https://www.colorado.gov/payment/townoftimnath	
Signed Fee Agreement	
Poudre Fire Authority Development Review Fee of \$250 *Plus applicable Scope Fees, Refer to PFA Fee Schedule Due within 72 hours of submittal by check separate from the Application Fee or with the submittal online at https://www.colorado.gov/payment/townoftimnath	
Current proof of ownership Title insurance issued with 30 days of application submission.	
Zoning Amendment Map (24' high x 36' wide) _ North arrow, scale (1" = 100' or 1" = 200'), and date of preparation..... _ Subdivision or block and lot name of the area to be zoned (if applicable) at the top of each sheet _ Legal description of area to be zoned (entire area and individual zoning districts) _ Location and boundaries, including dimensions, of property(s) proposed for rezoning _ Acreage or square footage contained within property proposed for rezoning _ All existing land uses in the proposed rezoning area _ Zoning and existing land uses on all lands adjacent to the proposed rezoning _ Location and dimensions for all existing R.O.W.'s _ Adjoining subdivisions names with lines of abutting lots, and departing property lines of adjoining properties not subdivided _ Certificate blocks for Surveyor, Planning and Zoning Commission, Town Council, and Larimer County Clerk and Recorder	
Written statement describing the proposal (Narrative) _ Rationale for the proposed rezoning..... _ Impacts on the existing adjacent zone districts, uses, and physical character of surrounding area _ Impact of the proposed zone on area accesses and traffic patterns _ Availability of utilities for any potential development..... _ Impacts on public facilities and services _ Relationship between proposal and the Town Comprehensive Plan..... _ Public benefits arising from the proposal.....	

Project Name: _____

Contact information: *(please attach any additional contacts)*

Owner: _____

Telephone: _____

Address: _____

Fax: _____

E-mail: _____

Applicant: _____

Telephone: _____

Address: _____

Fax: _____

E-mail: _____

REZONING TECH FORM

Property Description:

Address or Location: _____
Existing Zoning: _____ Existing Use: _____
Proposed Zoning: _____ Proposed Use: _____

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

Certification: *Must be signed with **BLUE INK**.***OWNER CERTIFICATION OF COMPLETED APPLICATION**

Signed: _____ Date: _____

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: _____
