



TOWN OF KIOWA
404 Comanche Street
Kiowa, CO 80117
Phone: (303) 621-2366
Fax: (303) 621-2595

LAND USE APPLICATION

DATE: _____
NAME OF PROJECT: _____
NAME OF APPLICANT: _____
ADDRESS & LEGAL DESCRIPTION OF PROJECT: _____

PLEASE CHECK THE APPROPRIATE ITEM(S):

- | | |
|--|--|
| <input type="checkbox"/> REZONING | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> PLAT | <input type="checkbox"/> SUBDIVISION |
| <input type="checkbox"/> USE BY SPECIAL REVIEW | <input type="checkbox"/> MINOR SUBDIVISION |
| <input type="checkbox"/> MINOR PLAT/REVIEW | <input type="checkbox"/> SITE PLAN |
| <input type="checkbox"/> ANNEXATION | <input type="checkbox"/> OTHER _____ |

Present Zoning: _____ Area In Acres: _____

Proposed Zoning: _____ Present Use: _____

Proposed # of Lots (If Applicable) _____ Proposed Gross Floor Area (If Applicable) _____

Provide a narrative description of the proposal:

PROPERTY OWNER

APPLICANT REPRESENTATIVE

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Signature of Owner

Signature of Applicant

(OWNER'S SIGNATURE NEEDS TO BE NOTARIZED)

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires: _____

Notary

FOR OFFICE USE ONLY	
Fees Paid:	_____
Received by:	_____
Conditional Use:	_____
Re-Zone:	_____
Variance:	_____
Other:	_____
Notes:	_____

