Community & Economic Development Department www.adcogov.org



4430 South Adams County Parkway 1st Floor, Suite W2000 Brighton, CO 80601-8204 PHONE 720.523.6800 FAX 720.523.6998

#### DEVELOPMENT CODE TEXT AMENDMENT

Application submittals must include all documents on this checklist as well as this page. Please use the reference guide (pg. 2) included in this packet for more information on each submittal item.

All applications shall be submitted electronically to epermitcenter@adcogov.org. If the submittal is too large to email as an attachment, the application may be sent as an unlocked OneDrive link. Alternatively, the application may be delivered on a flash drive to the One-Stop Customer Service Center. All documents should be combined in a single PDF. Once a complete application has been received, fees will be invoiced and payable online at https://permits.adcogov.org/CitizenAccess/.

- 1. Development Application Form (pg. 3)
- 2. Application Fee (see table)
- 3. Written Explanation of the Text Amendment
- 4. Proposed Amendment Language to the Development Code

Application Fees	Amount	Due
Development Text Amendment	\$1,000	After complete application received

## **Text Amendment Guide to Development Application Submittal**

All development application submittals shall comprise of one (1) electronic copy (emailed or delivered on a USB). **Application submittals that do not conform to these guidelines shall not be accepted.** 

#### 3. Written Explanation of Text Amendment:

 Shall include purpose of amendment, affect amendment would have on the County, Section of Regulations proposed to amend, and proposed verbiage of new development standards language

# **4.** Proposed Amendment Language to the Development Code:

• Include proposed verbiage of text amendment and where it would fit in Adams County's Development Standards and Regulations Community & Economic Development Department www.adcogov.org



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Application Type:				
Subo	ceptual Review Preliminary PU division, Preliminary Final PUD division, Final Rezone Correction/ Vacation Special Use	☐ Variance		
PROJECT NAME	i:			
APPLICANT				
Name(s):		Phone #:		
Address:				
City, State, Zip:				
2nd Phone #:		Email:		
OWNER				
Name(s):		Phone #:		
Address:				
City, State, Zip:				
2nd Phone #:		Email:		
TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)				
Name:		Phone #:		
Address:				
City, State, Zip:				
2nd Phone #:		Email:		

### **DESCRIPTION OF SITE**

Address:	
City, State, Zip:	
Area (acres or square feet):	
Tax Assessor Parcel Number	
Existing Zoning:	
Existing Land Use:	
Proposed Land Use:	
Have you attende	d a Conceptual Review? YES NO NO
If Yes, please list	PRE#:
under the author pertinent requirent Fee is non-refund	at I am making this application as owner of the above described property or acting rity of the owner (attached authorization, if not owner). I am familiar with all nents, procedures, and fees of the County. I understand that the Application Review dable. All statements made on this form and additional application materials are my knowledge and belief.
Name:	Date:
	Owner's Printed Name
Name:	
	Owner's Signature