Map Amendment No.

## **MAP AMENDMENT (Rezoning) APPLICATION**

Please Attach "Letter of Request" to this Application

PLEASE READ NOTE AND SIGN BELOW:

THE SUBMITTED APPLICATION PACKAGE REQUIRES SPECIFIC REPORTS/INFORMATION WHICH MAY NOT BE ADEQUATE AS DETERMINED THROUGH THE REVIEW PROCESS. ADDITIONAL INFORMATION MAY BE REQUIRED. ALSO, THE ACCEPTANCE OF THE APPLICATION PACKAGE DOES NOT MEAN THE SPECIFIC INFORMATION HAS BEEN APPROVED AND IN FINAL FORM. REVISIONS TO THE INFORMATION AND/OR REPORTS MAY BE REQUIRED. <u>REQUESTS FOR WAIVERS OF ANY OF THESE REQUIREMENTS MUST BE</u> <u>ACCOMPANIED BY A LETTER OF JUSTIFICATION.</u> THE PROWERS COUNTY PLANNING COMMISSIONERS WILL HEAR THE WAIVER REQUEST CONCURRENTLY WITH THE APPLICATION. DENIAL OF THE WAIVER REQUEST SHALL RENDER THIS APPLICATION INCOMPLETE AND RESULT IN THE REQUIREMENT FOR A NEW SUBMITTAL ACCEPTANCE DATE AND REVIEW PERIOD. YOUR SIGNATURE BELOW INDICATES ACCEPTANCE OF THESE CONDITIONS.

Date:	
	Applicant's / Representative's Signature
Tax pa	arcel number of property (County Assessor's Records)
	re a Deed of Conservation Easement Attached to this property?YesNo YES, attach copy
1.	Please list the name, address, and telephone number of the following (some may not be applicable);
•	Applicant(s)
	Address:
	Telephone Numbers:
•	Property Owner (s):
	Address:
	Telephone Numbers:
•	Applicant's Representative:
	Address:
	Telephone Numbers:
•	Address of Property
2.	Existing Zone District Proposed Zone District
3.	Legal description of the property
4.	Please list any previous applications (e.g., map amendments, zoning variances, special use
	permits, subdivision variances) in connection with this property

## MAP AMENDMENT APPLICATION CHECKLIST

### THE FOLLOWING ITEMS MUST BE SUBMITTED ALONG WITH THE APPLICATION: Please include this checklist with your application

1	A letter for most (Country) that country in a
1	A letter of request (6 copies) that contains:
	Date of application
	Owner and representative (address and phone number)
	Site location and present zoning
	Request and reason for the map amendment
	General Project concepts, including possible impacts on adjoining properties and
	impacts of county services (roads, fire services etc.)
	Existing and proposed facilities, structures, roads, etc.
	Signature of owner or representative*
	* Letter of consent authorizing representative to act in owner's behalf <i>must be</i>
	included
2	Proof of ownership by Deed (1 copy)
2.	Deed of Conservation Easement—If applicable (1 copy)
	Deed of conservation Easement In approable (1 copy)
3.	Proof of water availability if applicable (1 copy)
	Letter from Water District
	Copy of well permit
4.	Method of wastewater treatment if applicable (1 copy)
	Letter from Sanitation District
	Septic Permit or report of preliminary
	investigation
5	Plot plan (drawn to scale) of the subject property ( 6 copies) that contains:
0.	Parcel dimensions
	Parcel acreage
	Existing or proposed structures with dimensions from the structures to the property
	lines
	North Arrow
	Street Names
	Scale
	Name of access road to site (s)
	Easement(s) (Please submit 3 copies of document)
	Public/Private Road
	Indicate major drainage ways affecting the site and designation of any one-hundred
	(100) year flood plain on, or adjacent to the site and any existing flood control or
	water retaining structure.
6.	Vicinity Map (does not have to be to scale) ( 6 copies)
7.	List of all property owners, including addresses, whose property abuts or is within three hundred
	feet (300 ft.) of the exterior boundaries of the subject property.
8.	A nonrefundable application fee of \$
9.	Any Drawings/Maps larger than 81/2 x 1 4 MUST BE FOLDED NO LARGER THAN 12 x 9

# THE ABOVE CHECKLIST IS PROVIDED FOR THE CONVENIENCE OF THE APPLICANT AND SHOULD NOT BE USED TO DETERMINE COMPLETENESS OF AN APPLICATION UPON STAFF REVIEW, ADDITIONAL INFORMATION MAY BE REQUIRED.

## <u>MAP AMENDMENT</u> <u>SUPPLEMENTAL INFORMATION</u>

**The submittal deadline is 2:00 p.m. on the 21<sup>st</sup> day of each month, or if the 21<sup>st</sup> is a weekend or Holiday the following Monday.** Complete applications will be scheduled before the Prowers County Planning Commission normally on the second (2) Wednesday of the following month. The Planning Commission will consider making recommendation on the map amendment at the monthly meeting.

At such time as the Planning Commission schedules the request for a map amendment for public hearing, notice of the public hearing will be sent to property owners whose property abuts or is within three hundred feet (300 ft.) of the exterior boundaries of the subject property along with publication in the newspaper.

After hearing the request at public hearing, the planning commission will forward their recommendation to the Prowers County Board of County Commissioners, who will also hear the proposal at public hearing. Notification of public will be as above.

The Planning Commission considers the following factors in reaching its decision:

- (1) Will the granting of the Map amendment substantially modify the Land Use Plan or the intent, purpose and spirit of this resolution?
- (2) Does the Map amendment proposal incorporate reasonable means to create an environment harmonious with that of the surrounding properties?
- (3) Will the Map amendment adversely affect the public health, safety, or welfare?

#### GUIDELINE

#### FOR A

#### "LETTER OF REQUEST"

Where applicable, please provide the following information, in a letter format, to serve as a "Letter of Request" to accompany your application for Map Amendment:

- 1. Date of Application.
- 2. Owner and Owner's Representative or Consultant (Addresses and telephone numbers).
- 3. Site location, dimensions and size of property (in feet and acres), and present zoning.
- 4. Action requested and the reason/purpose for the request (Incorporate answers to the above four factors considered by the Commissioners).
- 5. Existing and proposed facilities, structures, roads, etc.

## 6. WAIVER OF ANY REQUIRED INFORMATION/REPORTS AND JUSTIFICATION FOR THE WAIVER MUST BE INCLUDED IN THIS LETTER.