



APPLICATION FOR LAND USE

Municipal Code 16-8(c)

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

Project Name: _____

Type of Application		
Annexation <input type="checkbox"/>	Initial Zoning <input type="checkbox"/>	Subdivision Sketch Plan <input type="checkbox"/>
Subdivision Prelim. Plan <input type="checkbox"/>	Final Plat <input type="checkbox"/>	Minor Subdivision <input type="checkbox"/>
Replat, Vacation, Minor Amendment <input type="checkbox"/>	Zoning Map Amendment <input type="checkbox"/>	Preliminary PUD Plan <input type="checkbox"/>
Final PUD Plan <input type="checkbox"/>	Zoning Variance <input type="checkbox"/>	Site Plan <input type="checkbox"/>
Use By Special Review <input type="checkbox"/>	Other: <input type="checkbox"/>	

Applicant's Full Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Mailing Address: _____

Owner's Full Name: _____

Owner Address: _____

Owner Phone: _____ Owner Email: _____

Mailing Address: _____

Property Address/Location: _____

Current Zoning: _____ Proposed Zoning: _____

Current Land Use: _____

Proposed Land Use: : _____

By signing below applicant states, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____

Date Received: _____

Amount Due: _____

Fee Paid: Staff Initials: _____

Notes: _____
