



Re-Zoning Application

408 Main Street, P.O. Box 200, San Luis, CO 81152
Office: (719) 672-3321 • Fax: (719) 672-3553
townclerk@townofsanluisco.org • www.townofsanluisco.org

Application No.: _____

Fee: _____

Unless specifically waived by the Town of San Luis, all items in this application must be completed for a re-zoning hearing to be scheduled.

If applicant is **not** the owner of the property, then a copy of a contract for sale or lease between applicant and owner, or a notarized letter from the owner, consenting to this application must be submitted.

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Address of Proposed Development: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Property Owner: (If different than applicant, a copy of contract for sale or lease between applicant and owner, or a notarized letter from the owner consenting to this application, must be submitted.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Authorized Representative:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Common Description of Location of Property: (By address, or other recognized landmarks.)

Submittal Requirements: _____

- Application and Fee Vicinity Map Development Report Site Plan
- Surrounding Land Owner: List all landowners, and owners addresses and land uses that are adjacent (within 300') to the boundaries of the entire property which is proposed to be re-zoned.

(Attach separate listing sheet if needed).

Access:

Transportation access is provided by:

Highway: _____

Street Names: _____

Water Availability: Water source on site now? Yes No

Source and type of water supply: _____

Attach copies of well permits, court degrees, augmentation plan, or other deeded water rights and list them here: _____

If this property is subject to a deed of trust(s) or mortgage(s)? Attach as appropriate, a notarized letter of approval of the change from the lender(s).

State how the proposed changes will be compatible with surrounding land uses.

NOTE: Additional information may be requested by the Town of San Luis during the review of this application.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

For Office Use Only

Current Zoning: Residential 1 Residential 2 Business Public Use



Re-Zoning Application Checklist

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The following information is required for all applications for a Zone District Change.

Review Criteria:

A zone change application must address the criteria below in a Zoning District Change.

1. The proposed Zone District Change is in conformance with the San Luis Municipal Code.
2. The proposed rezoning shall result in a logical and orderly development pattern and shall not constitute spot zoning.
3. The area in the vicinity of the proposed rezoning has changed or is changing to such a degree that it is in the public interest to encourage a new use or density in the area.
4. The proposed re-zoning addresses a demonstrated community need with respect to facilities, services or housing.

Existing Zone: _____ Proposed Zone: _____

- Application Form
- Justification Statement
- Legal Description
- Name, address and telephone number of Owner, Applicant (if not owner). If the owner is not the applicant, the application must be signed by the owner, or a letter authorizing the applicant to submit the application on behalf of the owner.
- Application Fee
- A map or drawing showing the location of the property, zone and land use of adjacent properties.

Received by: _____ Date: _____