

FREMONT COUNTY DEPARTMENT OF PLANNING AND ZONING
615 MACON AVENUE, ROOM 210, CAÑON CITY, COLORADO 81212
Telephone (719) 276-7360 / Facsimile (719) 276-7374

ZONING VERIFICATION FORM

Please be aware that zoning changes occur and regulations are amended from time to time. Therefore, the information obtained from the Department is valid for the date given. If there is an extended time frame from the date given to the date the information is to be used, the information should be reconfirmed by the same process.

THE DEPARTMENT WILL TRY TO VERIFY ZONING WITHIN 3 WORKING DAYS OF THE DATE THE REQUEST IS RECEIVED, SOONER IF POSSIBLE.

DATE OF REQUEST: _____ / _____ / _____

PERSON MAKING REQUEST: _____

COMPANY NAME: _____

MAILING ADDRESS (address necessary only if requesting answer by mail or e-mail)

OR

E-MAIL ADDRESS: address _____ city _____ state _____ zip _____
e-mail address: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

PROPERTY OWNER: _____
ADDRESS _____

REQUEST MADE BY: MAIL: ___ E-MAIL: ___ FAX: ___ WALK-IN: ___

SCHEDULE #: _____

LEGAL DESCRIPTION - (attach legal description if available) _____ (Check here if attached)

How would you like this information returned? FAX: ___ MAIL: ___ PICK-UP: ___ E-MAIL: ___

SIGNATURE _____

DEPARTMENT USE ONLY

DATE REQUEST RECEIVED: _____ / _____ / _____ RECEIVED BY _____

The property described above is located in the _____ Zone District.

Does the property in question contain a use permit, nonconformance permit or home occupation? YES ___ NO ___

If yes, type of use: _____ Permit # _____

DEPARTMENT REVIEWER: _____ DATE OF REVIEW: _____ / _____ / _____

ZONING GIVEN BY: _____ DATE GIVEN: _____ / _____ / _____

INFORMATION RETURNED BY: FAX: ___ MAIL: ___ PICK-UP: ___ E-MAIL: ___

A HANDOUT FOR THE SUBJECT PROPERTY ZONE DISTRICT IS ATTACHED YES NO .