

SUBDIVISION NOTIFICATION FORM

TO:				
= -	nin 500 feet of the Subject Property			
FROM: Subject Property	Owner			
DATE:				
REFERENCE:				
	ed Subdivision Name			
owner within five-hu	ed by research of the Fremont County Assessor's Records that you are a property undred (500) feet of the boundary of a proposed subdivision. As required by the division Regulations (FCSR) you are entitled to notice of the proposed subdivision.			
Type of application:	☐ Preliminary Plan – Said notice to be post marked a minimum of fourteen (14) days prior to the Fremont County Planning Commission (Commission) meeting at which the application is to be heard, not to include the day of the meeting.			
	Final Plat – Said notice to be post marked a minimum of fourteen (14) days prior to the Fremont County Board of County Commissioners (Board) meeting at which the application is to be heard, not to include the day of the meeting.			
The subject property,	as referenced above is located at			
	General Location or Address (Vicinity Map Exhibit A)			
The subject property	is legally described as:			
	Check here if legal description is attached as <u>Exhibit B</u> .			
The proposed subdiv	ision will result in the creation of lots with a density of units per acre.			
	se for the proposed lots is			
This application will	be heard by the Commission on at 3:00 PM.			
This application will	be heard by the Board on at 9:30 AM.			
Administration Build (representative documents or written comments Planning and Zoning be accepted except at	held in room LL3 (<i>lower level Board Meeting Room</i>) of the Fremont County ling, 615 Macon Avenue, Cañon City, Colorado. You and or your representative <i>mentation may be required</i>) may attend the meeting to present your oral comments is will be accepted at the meeting or prior to the meeting at the Department of (Department) in Room 210 of the Administration Building. Oral comments cannot the meeting at which the application is to be heard.			
If you would like for	arther information regarding the application you can contact the Department by			

telephone at (719) 276-7360 or by email at <u>planning@fremontco.com</u> to schedule an appointment to review the application. For further reference regarding the governing regulations:

the Fremont County Zoning Resolution may be viewed on the Internet at http://www.fremontco.com/planningandzoning/zoningresolution.pdf

and the Fremont County Subdivision Regulations may be viewed on the Internet at http://www.fremontco.com/planningandzoning/forms/subdivisionregulations.pdf

REFERENCE:		
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Proposed Subdivision Name

The Department, Commission and Board would welcome your comments regarding this application and will include written comment, on or accompanied by this form, in the Commission or Board's review packet if received by the Department with enough time to include prior to finalization of the review packets. Please complete the following information with any written comments or can be used as the "sign in" sheet at a meeting that you intend to attend and provide oral comments.

PROPERTY OWNER WITHIN 500 FEET COMMENTS

Property Owner's Name(s):				
Mailing Address: Street				
Street	Address	City	State	Zip
Property Address:				
Street	Address	City	State	Zip
Are you the current owner of	of this property? \(\subseteq \text{Ye}	s No - Telepho	ne #	
What is the current land use	of your property? (man	rk all that apply) [Agriculture	Residential
Multi-family Resider	tial Business	☐ Industrial ☐ C	Other (please explain	n)
As property owner(s) within	n 500 feet of the subjec	et property; I or We ar	e 🗌 FOR this s	subdivision; I
or We are				_
but have the following com		_		
our nerve me jone ming comm				
Failuma to muovida vymittan	comment major to the	, maatina vymittan aa	mmant at the mass	atina an anal
<u>Failure to provide</u> written comment at the meeting	1	O ,		0
Commission and Board ass				
subject property, have no co	mments with regard to	the proposed subdivis	ion.	
Applicant Printed Name	Signature		Date	
Owner Printed Name	Signature		Date	