



Archuleta County
Planning Department

Project #: _____

PO Box 1507
Pagosa Springs, CO 81147
(970) 731-3877
www.archuletacounty.org

Rezoning Application

Applicant/Owner(s):

Name: _____

Mailing address: _____

Phone: _____

Fax: _____

E-mail: _____

Applicant/Owner or Designated Agent:**

Name: _____

Mailing address: _____

Phone: _____

Fax: _____

E-mail: _____

**Statement of Agent must accompany application

Property Information:

Township ___ Range ___ Section ___ 1/4Sect ___

Assessor Parcel Number _____

Street Address: (if applicable) _____

Subdivision: _____

Unit: _____ Block: _____ Lot: _____

Total acreage: _____

Zoning Information

Current Zoning: _____

Proposed Zoning: _____

Proposed Use: _____

Use Description: _____

Review of Land Use Regulations: *Initial boxes to indicate understanding and compliance.*

I understand that the above application has excerpts from the Land Use Regulations and that it is my responsibility to fully review the Land Use Regulations to be certain that I have addressed all issues and requirements of the Regulations.

Right of Ingress

I hereby grant authorized county personnel the right of ingress and egress from said lands for any and all inspection purposes necessary to the exercises of

Person who holds the recorded Warranty Deed:

Printed name: _____

Signature: _____

Date: _____