

APPLICATION FOR SPECIAL USE

Applicant _____

Address _____

Telephone _____

Legal description of land on which special use will be located (include acreage of tract)

Zoning District _____

Special Use Requested _____

Statement of Justification for Special Use _____

Effect of proposed use on adjacent areas and the community at large _____

Time schedule of any proposed construction _____

I hereby certify that the statements and information provided in this application are, to be best of my knowledge, true and correct; and applicant further agrees that any work and construction associated with the operations or uses of the land proposed herein will be performed in conformity with the Jackson County Zoning Resolution and in compliance with all terms and conditions which may be imposed on the authorization for the special use by the Board of County Commissioners of Jackson County.

Date

Applicant's signature

DO NOT WRITE BELOW THIS LINE

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Date of Public Hearing as set by the Jackson County Board of Commissioners

Conditions and/or requirements as imposed by the Jackson County Board of Commissioners _____

Disposition of signed copies:
1 - Board of County Commissioners
2 - Applicant
3 - County Administrator

**APPROVED/CONDITIONALLY
DISAPPROVED**

**BOARD OF COUNTY COMMISSIONERS
JACKSON COUNTY, COLORADO**

By: _____

Date: _____