

APPLICATION TO EXTINGUISH CURRENT USE BY SPECIAL REVIEW

150 ASH AVE AKRON, COLORADO 80720

(970) 345-2701 Fax (970) 345-2702

www.co.washington.co.us

Permit Number

UXSR _____

\$150.00

WASHINGTON COUNTY

STATE OF COLORADO

Date of Application _____ Original Case Number SP _____
(Office use only)

Name of applicant _____
(email address)

Address _____
City, St, Zip

Telephone Number _____ Fax _____

Property Location:
Township _____ Range _____ Section _____ 1/4Section _____

Nearest intersection and distance from _____

Property Owner _____
*SEE BELOW

Address _____
City, St, Zip

Telephone Number _____ Fax _____

Purpose of Original Use by Special Review Request _____

Reason for Extinguishment Request _____
(If approved, property will return to agricultural zoning)

I hereby certify that to the best of my knowledge the above information is true and correct.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Property owner

Approved by: _____ Date _____
Commissioner Chairman

Special Use zoning designations are attached to the land or property for which they are granted. Once the use by Special Review Zoning is extinguished for the purpose it was originally sought, owners or new owners of the property may not engage in any activity relating to the enterprise that was granted under the original Use by Special Review without reapplying for a new zoning designation. This extinguishment will be recorded with the Washington County Clerk and Recorder.

I have read and acknowledge the above statement. Applicant _____ Initial

I have read and acknowledge the above statement Property Owner _____ Initial

*If ownership is other than fee simple in sole or joint tenancy such as a trust, partnership, tenants in common, etc. please attach evidence of authority to pursue this application.

Make check payable to: Washington County

Return form and fees to Washington County at the above address