



**City of Fort Morgan**  
**Planning & Zoning Department**  
 110 Sherman Street • P.O. Box 100 • Fort Morgan, CO 80701  
 Phone: (970) 370-6574  
[www.cityoffortmorgan.com](http://www.cityoffortmorgan.com)

## LAND USE APPLICATION

*Please fill form out completely. Incomplete applications will not be processed.*

STAFF USE ONLY		
FILE NAME:		
FILE NO:	DATE SUBMITTED:	FEES PAID:

**Project/Business Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal Description:** *(Attach legal description if Metes & Bounds)*

**Subdivision Name:** *(If applicable)* \_\_\_\_\_

**Filing No.** \_\_\_\_\_ **Lot No.** \_\_\_\_\_ **Block No.** \_\_\_\_\_ **Section** \_\_\_\_\_ **Township** \_\_\_\_\_ **Range** \_\_\_\_\_

PROPERTY OWNER <i>(Attach separate sheets if multiple)</i>	AUTHORIZED REPRESENTATIVE
<b>Name/Company:</b>	<b>Company/Firm:</b>
<b>Contact Person:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Email:</b>
MINERAL RIGHTS OWNER <i>(Attach separate sheets if multiple)</i>	MINERAL LEASE OWNER <i>(Attach separate sheets if multiple)</i>
<b>Name/Company:</b>	<b>Name/Company:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
LAND-USE & SUMMARY INFORMATION	
<b>Present Zoning:</b>	<b>Gross Site Density (du/ac):</b>
<b>Proposed Zoning:</b>	<b># Lots/Units Proposed:</b>
<b>Gross Floor Area:</b> Total Existing _____ Existing Office _____ Existing Retail _____ Proposed Expansion _____ Proposed Office _____	<b>Gross Acreage:</b> _____
SERVICE PROVIDERS	
<b>Electric:</b> <i>(If other than City)</i>	<b>Gas:</b> <i>(If other than City)</i>
<b>Special District:</b> <i>(If applicable)</i>	<b>Fire District:</b>
<b>Water:</b> <i>(If other than City)</i>	<b>Sewer:</b> <i>(If other than City)</i>

DEVELOPMENT REVIEW FEES			
ANNEXATION		SITE PLAN	
<input type="checkbox"/> Major (10+ Acres)	\$200.00	<input type="checkbox"/> Full Staff Review	\$200.00
<input type="checkbox"/> Minor (< than 10 Acres)	\$150.00	<input type="checkbox"/> Amendment (Major)	\$200.00
<input type="checkbox"/> De-annexation	\$200.00	<input type="checkbox"/> Amendment (Minor)	\$ 50.00
MAJOR SUBDIVISION		ZONING/REZONING	
<input type="checkbox"/> Sketch Plan	\$ 50.00 + \$1.50 per lot <u>over</u> 25 lots	<input type="checkbox"/> Rezoning	\$200.00
<input type="checkbox"/> Preliminary Plat	\$200.00 + \$1.50 per lot <u>over</u> 25 lots	<input type="checkbox"/> Special Use	\$200.00
<input type="checkbox"/> Final Plat	\$200.00 + \$1.50 per lot <u>over</u> 25 lots	<input type="checkbox"/> PUD Amendment	\$ 50.00
<input type="checkbox"/> Amendment	\$ 50.00		
MINOR SUBDIVISION		VARIANCE	
<input type="checkbox"/> Sketch Plan	\$ 50.00	<input type="checkbox"/> Variance Application	\$200.00
<input type="checkbox"/> Final Plat	\$ 50.00	<input type="checkbox"/> Alternative Sign Program Application	\$200.00
<input type="checkbox"/> Amendment	\$ 50.00		
<input type="checkbox"/> Vacation	\$ 50.00		

The undersigned is fully aware of the request/proposal being made and the actions being initiated on the referenced property. The undersigned understands that the application must be found to be complete by the City of Fort Morgan before the request can officially be accepted and the development review process initiated. The undersigned is aware that the applicant is fully responsible for all reasonable costs associated with the review of the application/request being made to the City of Fort Morgan. By this acknowledgement, the undersigned hereby certify that the above information is true and correct.

**Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATE OF COLORADO )  
 ) ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
By \_\_\_\_\_.

My commission expires: \_\_\_\_\_

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

**\*If authorizing another party to represent you, please indicate below and have them sign before a notary.**

I authorize \_\_\_\_\_ to represent me on this matter. **Initials:** \_\_\_\_\_

**\*Authorized**

**Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STATE OF COLORADO )  
 ) ss.  
County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
By \_\_\_\_\_.

My commission expires: \_\_\_\_\_

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public