DEVELOPMENT APPLICATION
2401 Sheridan Blvd
Edgewater, CO 80214

Please complete only those items that are related to your specific type of application. Indicate each type of application request filed, and attach additional information as necessary

_____
Name of Applicant Phone Number Email

_____
Address

_____
Name of Property Owner

_____
Address

_____
Applicant's Representative Phone Number Email

_____
Legal Description of Property Street Address

Existing Zoning:_____ Existing Land Use:_____

Proposed Zoning:_____ Proposed Land Use:_____

Indicate the type of application being submitted. Check all boxes that apply:

Rezoning ❐ Planned Unit Development ❐ Other ❐

Preliminary Plat ❐ Final Plat ❐ Variance ❐

CERTIFICATION

I certify that I am the lawful owner of the parcel(s) of land which this application concerns and consent to this action.

Owner:_____ Date_____

I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. In filing this application I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the City of Edgewater must be submitted prior to having this application processed.

Applicant:_____ Date:_____