



Re-zoning Application
(Fee \$250.00)

Applicant(s) Name:

Address of Applicant (s) _____

Legal Description of Property: _____

Current Zoning _____ Requested Zoning _____

Reason for requested zoning change: _____

Each applicant whose name appears upon the deed or title to this property must sign:

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

This application must be accompanied by a title commitment for proof of ownership issued within 30 days of hearing.

Town of Keenesburg 91
West Broadway Ave
Keenesburg, CO 80643
(303) 732- 4281
tokpz@keenesburg.org