



## **DEVELOPMENT CODE TEXT AMENDMENT**

**Application submittals must include all documents on this checklist as well as this page. Please use the reference guide (pg. 2) included in this packet for more information on each submittal item.**

**All submittals shall include one (1) hard copy of all documents and one (1) electronic copy with all documents combined in a single PDF. For hard copies, each document shall be labeled or tabbed with the corresponding checklist number.**

1. Development Application Form (pg. 3)
2. Application Fee of \$1,000
3. Written Explanation of the Text Amendment
4. Proposed Amendment Language to the Development Code

# **Text Amendment Guide to Development Application Submittal**

All development application submittals shall consist of one (1) hard copy of each document and one (1) electronic copy (USB or CD) with all documents combined in a single PDF. **Application submittals that do not conform to these guidelines shall not be accepted.**

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### **3. Written Explanation of Text Amendment:**

- Shall include purpose of amendment, affect amendment would have on the County, Section of Regulations proposed to amend, and proposed verbiage of new development standards language

### **4. Proposed Amendment Language to the Development Code:**

- Include proposed verbiage of text amendment and where it would fit in Adams County's Development Standards and Regulations



**Application Type:**

<input type="checkbox"/> Conceptual Review	<input type="checkbox"/> Preliminary PUD	<input type="checkbox"/> Temporary Use
<input type="checkbox"/> Subdivision, Preliminary	<input type="checkbox"/> Final PUD	<input type="checkbox"/> Variance
<input type="checkbox"/> Subdivision, Final	<input type="checkbox"/> Rezone	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Plat Correction/ Vacation	<input type="checkbox"/> Special Use	<input type="checkbox"/> Other: _____

**PROJECT NAME:**

**APPLICANT**

Name(s):  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

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**OWNER**

Name(s):  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

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**TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)**

Name:  Phone #:

Address:

City, State, Zip:

2nd Phone #:  Email:

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**DESCRIPTION OF SITE**

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Have you attended a Conceptual Review? YES  NO

If Yes, please list PRE#:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature