



**LAND USE CASE PROCESSING APPLICATION**  
**Community Development Department**  
**City of Sheridan**  
**4101 S. Federal Boulevard, Sheridan, Colorado 80110**  
(Please print or type all information)

**Applicant** \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Owner** \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact** \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

(The person listed as contact will be contacted to answer questions regarding this application, provide additional information when necessary, post public hearing signs, will receive a copy of the staff report prior to Public Hearing, and shall be responsible for forwarding all verbal and written communication to applicant and owner.)

**Location of request (Address):** \_\_\_\_\_

**Type of action requested** (check one or more of the actions listed below which pertain to your request):

- |                                                            |                                                                |
|------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Annexation                        | <input type="checkbox"/> Site Development Plan approval        |
| <input type="checkbox"/> Change of zone or zone conditions | <input type="checkbox"/> Subdivision: Minor (5 lots or less)   |
| <input type="checkbox"/> Conditional/Special Use Permit    | <input type="checkbox"/> Subdivision: Major (More than 5 lots) |
| <input type="checkbox"/> Consolidation Plat                | <input type="checkbox"/> Temporary Use, Building, Sign         |
| <input type="checkbox"/> Flood Plain Special Exception     | <input type="checkbox"/> Variance/Waiver (from Section _____)  |
| <input type="checkbox"/> Lot Line Adjustment               | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Planned Unit Development          |                                                                |

**Detailed Description of Request:** \_\_\_\_\_

**Required information:**

Assessor's Parcel No. \_\_\_\_\_ Size of Lot (acres or square footage) \_\_\_\_\_  
Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_  
Current Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

**To be filled out by staff:**

Date Received \_\_\_\_\_  
Pre-App. Meeting Date \_\_\_\_\_  
Case No. \_\_\_\_\_  
Zoning \_\_\_\_\_