

## ZONING AMENDMENT – TECHNICAL CRITERIA

PROJECT NAME:	
APPLICANT:	DATE:

<b>ZONING AMENDMENT REQUEST</b>	
<input type="checkbox"/>	<b>LAND USE APPLICATION FORM (submit original, signed form)</b>
<input type="checkbox"/>	<b>ZONING AMENDMENT TECHNICAL CRITERIA FORM</b>
<input type="checkbox"/>	<b>APPLICATION FEE AND FEE AGREEMENT (submit check along with original, signed agreement)</b>
<input type="checkbox"/>	<b>LEGAL NOTICE FORM (hard copy and electronic copy)</b>
<input type="checkbox"/>	<b>ZONING AMENDMENT MAP (submit 8 - 18"x24" copies and 20 - 11"x17" copies) –</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Title of project</li> <li><input type="checkbox"/> North arrow, scale and date of preparation</li> <li><input type="checkbox"/> Subdivision or block and lot name of the areas to be zoned (at top of each sheet)</li> <li><input type="checkbox"/> Legal description of area to be zoned (entire area and individual zoning districts)</li> <li><input type="checkbox"/> Location and boundaries, including dimensions, of the property(s) proposed for rezoning</li> <li><input type="checkbox"/> Acreage or square footage contained within the property proposed for rezoning</li> <li><input type="checkbox"/> All existing land uses in proposed rezoning area</li> <li><input type="checkbox"/> Zoning and existing land uses on all lands adjacent to the proposed rezoning</li> <li><input type="checkbox"/> Location and dimensions for all existing public rights-of-way, including streets and water courses within and adjacent to the rezoning</li> <li><input type="checkbox"/> Names of adjoining subdivisions with lines of abutting lots, and departing property lines of adjoining properties not subdivided</li> <li><input type="checkbox"/> Certificate blocks for Surveyor, Planning Commission, Board of Trustees, and Weld County Clerk and Recorder</li> <li><input type="checkbox"/> An AutoCAD™ drawing file (release 12 or higher) of the zoning amendment map on 3½" 1 BM formatted disk or other acceptable electronic transfer</li> </ul>
<input type="checkbox"/>	<b>MINERAL RIGHTS AFFIDAVIT (Must be dated no more than 30 days from submittal date)</b>
<input type="checkbox"/>	<b>CURRENT PROOF OF OWNERSHIP – TITLE INSURANCE (Must be dated no more than 30 days from submittal date)</b>
<input type="checkbox"/>	<b>WRITTEN STATEMENT</b> – Describing the proposal and addressing the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Need for proposed rezoning</li> <li><input type="checkbox"/> Legal description</li> <li><input type="checkbox"/> Present and future impacts on the existing adjacent zone districts, uses, and physical character of the surrounding area,</li> <li><input type="checkbox"/> Impact of the proposed zone on area accesses and traffic patterns,</li> <li><input type="checkbox"/> Availability of utilities for any potential development,</li> <li><input type="checkbox"/> Present and future impacts on public facilities and services, including, but not limited to, fire, police, water, sanitation, roadways, parks, schools, and transit,</li> <li><input type="checkbox"/> The relationship between the proposal and the Comprehensive Plan</li> <li><input type="checkbox"/> Public benefits arising from the proposal</li> </ul>
<input type="checkbox"/>	<b>SURROUNDING AND INTERESTED PROPERTY OWNERSHIP REPORT (submit 3 copies) –</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> List of names and addresses of:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Surrounding property owners within 300 feet</li> <li><input type="checkbox"/> Mineral interest owners of record</li> <li><input type="checkbox"/> Mineral and oil and gas lessees for the property</li> </ul> </li> <li><input type="checkbox"/> Applicant certification that report is complete and accurate</li> <li><input type="checkbox"/> Report is not more than 30 days old</li> </ul>
<input type="checkbox"/>	<b>PUBLIC HEARING NOTIFICATION ENVELOPES (submit 2 sets of stamped, addressed envelopes)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Envelopes shall have the Town's address as the mailing address and return address and the envelopes shall be addressed to the surrounding property owners within 300 feet, mineral interest owners of record, oil and gas lessees for the property, and appropriate referral agencies.</li> </ul>

<b>PLANNING COMMISSION ACTION – ZONING AMENDMENT</b>	
APPROVED:	DATE:
DISAPPROVED:	DATE:
CONDITIONALLY APPROVED:	DATE:
COMMENTS:	

<b>TOWN BOARD ACTION – ZONING AMENDMENT</b>	
APPROVED:	DATE:
DISAPPROVED:	DATE:
CONDITIONALLY APPROVED:	DATE:
COMMENTS:	
ZONING AMENDMENT RECORDED WITH WELD COUNTY CLERK AND RECORDER	DATE:
OFFICIAL ZONING MAP AMENDED	DATE:

## PROJECT EVALUATION WORKSHEET FOR ZONING AMENDMENT APPLICATIONS

PROJECT NAME:	
APPLICANT:	PROJECT LOCATION:
NAME OF REVIEWER:	DATE:

ISSUE FOR REVIEW	COMMENTS
Do you have a good understanding of the proposed use? Do the written statement and graphics sufficiently describe the need for the rezoning, impact of the zoning on traffic, access points and public facilities? Is the rezoning consistent with the Comprehensive Plan?	
What are the adjacent land uses?	
What public benefits will result from the zoning amendment?	

**ZONING AMENDMENT REVIEW CRITERIA**

<b>CRITERION</b>	<b>HAS CRITERION BEEN MET?</b>
The official zoning map shall not be amended except:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
A. To correct a manifest error in the ordinance;	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
B. To rezone an area or extend the boundary of an existing district because of changed or changing conditions in a particular area or in the Town generally; or	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
C. The land to be rezoned was zoned in error and as presently zoned is inconsistent with the policies and goals of the Comprehensive Plan; or	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
D. The proposed rezoning is necessary in order to provide land for a community-related use which was not anticipated at the time of adoption of the Comprehensive Plan, and the rezoning will be consistent with the policies and goals of the Comprehensive Plan; or	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
E. The area for which rezoning is requested has changed or is changing to such a degree that it is in the public interest to encourage development or redevelopment of the area; or	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
F. A rezoning to Planned Unit Development overlay district is requested to encourage innovative and creative design and to promote a mix of land uses in the development.	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
G. The text of this Article shall not be amended except:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
H. To correct a manifest error in the text of this Article; or	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
I. To provide for changes in administrative practices as may be necessary to accommodate changing needs of the community and Town staff; or	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
J. To accommodate innovations in land use and development practices that were not contemplated at the adoption of this Article; or	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
K. To further the implementation of the goals and objectives of the <i>Town of Milliken Comprehensive Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:



**Change of Zone Maps shall contain the following certificates:**

a. Surveyor's Certificate.

I, \_\_\_\_\_, a registered professional land surveyor in the State of Colorado, do hereby certify that this map and legal description were prepared by me or under my direct supervision and done in accord with applicable State of Colorado requirements.

by \_\_\_\_\_ (SEAL)  
(registered land surveyor, reg. no.)

b. Planning Commission Certificate.

Approved by the Milliken Planning Commission this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Planning Commission Secretary

c. Certificate of Approval by Board of Trustees.

The amendment of the Official Zoning Map of the Town of Milliken, Weld County, Colorado is approved and accepted by Ordinance Number \_\_\_\_\_, passed and adopted at the regular meeting of the Board of Trustees of Milliken, Colorado held on \_\_\_\_\_, 20\_\_, and recorded on \_\_\_\_\_ as reception number \_\_\_\_\_, in the records of the Weld County Clerk and Recorder by the Board of Trustees of Milliken, Colorado.

By: \_\_\_\_\_  
Mayor

Attest: \_\_\_\_\_  
Town Clerk

d. Clerk and Recorder's Certificate

State of Colorado     )  
                                  )ss  
County of Weld        )

I hereby certify that this instrument was filed in my office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ and is recorded in plat book number \_\_\_\_\_, film number \_\_\_\_\_, reception number \_\_\_\_\_.

Witness My Hand and Seal \_\_\_\_\_

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

\_\_\_\_\_