



City of Cañon City

APPLICATION FOR AMENDMENT TO THE ZONING ORDINANCE

Office of
Planning & Zoning

DATE: _____

NAME AND ADDRESS OF APPLICANT: _____

PHONE: _____

SECTION OF ORDINANCE TO BE AMENDED: _____

NATURE OF PROPOSED AMENDMENT: _____

JUSTIFICATION OF AMENDMENT: _____

DEVELOPMENT PROPOSED: _____

SIGNATURE OF APPLICANT: _____

For Office Use Only Below This Line

APPLICATION FILED: ___/___/___

\$150 APPLICATION FEE PAID: ___/___/___

ALL PUBLICATION FEES WILL BE BILLED DIRECTLY TO THE APPLICANT