



ZONING REFERRAL

Form 5

City Clerk's office 303-538-7230
 9500 Civic Center Drive
 Thornton, Colorado 80229-4326

Applicant - complete the first three questions, check appropriate box, and submit this form with a copy of the site plan of the premises to the City Development Department
Return the signed form with your application to the Deputy City Clerk in the City Clerk's office

Applicant – Complete this Section Only

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|---|------------------------------|-----------------------------|--|
| Business Name: | | | |
| Business Address: | | | |
| Type of License applying for: | | | |
| Is the existing building going to be expanded/enlarged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> New License <input type="checkbox"/> Change of Location <input type="checkbox"/> Modification of Premises | | | |

To Be Completed & Signed By City Development / Zoning Division

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|---|--------------------------------|--------------------------------|
| Zoning for the property is: | | |
| Is the property zoned for the type of license applied for? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the Development Review Process be required for this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, what type of Development Permit is required? | <input type="checkbox"/> Major | <input type="checkbox"/> Minor |

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|---|--|
| If a review is scheduled, please indicate the anticipated hearing date for the Development Permits and Appeals Board (DPAB)*: | |
|---|--|

Is there sufficient parking for the proposed use?

Comments:

*If this matter goes to DPAB, please attach the staff report and minutes.

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| City Development/Zoning Division Signature: | Date: |
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