



APPLICATION FOR CONDITIONAL USE

TOWN OF WINDSOR
301 Walnut Street
Windsor, CO 80550

(Please see Town of Windsor [Fee Schedule](#) for Application Fees)

Office: (970) 674-2415
Fax: (970) 674-2456

www.windsorgov.com

TO BE COMPLETED BY APPLICANT

(Type or print in black ink)

Street Address*: _____ Lot: _____ Block: _____

Subdivision: _____

*****Conditional Use Grant approval is only valid for the applicant(s) who receive the original approval and is not transferable to subsequent occupants of the property.*****

*Describe the non conforming use or home occupation. Include activity description, average number of clients, need for parking, hours of operation, size of area to be used, justification of continuance of non conforming use and result of any communication with neighbors. (use back or additional sheets if necessary)

[Windsor Municipal Code](#) Section 16-7 and Section 16-31.

- Legible, accurate drawings (drawn to an appropriate scale, which cannot be smaller than 1"=30') and specifications necessary for the proper consideration of this grant shall be submitted with this application.
- Conditional use grant evaluation criteria are detailed in Windsor Municipal Code Section 16-7-50.
- Notification requirements are detailed in Windsor Municipal Code Section 16-31.

*Present use of land:	_____	Size:	_____
*Present use of structure:	_____	Size:	_____
*Proposed use of land:	_____	Size:	_____
*Proposed use of structure:	_____	Size:	_____

If granted this conditional use grant, I/We the undersigned, agree to comply with the Code of the Town of Windsor, Colorado and any other stipulations as determined by the Town Board. I hereby depose and state under penalties of perjury that all statements and proposal submitted within this application are true and correct to the best of my knowledge.

Submitted this _____ day of _____, 20 _____

Applicant (please print) _____

Property Owner* (please print) _____

Applicant's Signature _____

Property Owner's Signature* _____

Phone (daytime) _____ Fax _____

Phone* (daytime) _____ Fax* _____

Email _____

Email* _____

Applicant's Representative (if any) Name _____

Phone _____ Fax _____ Email _____

* indicates required fields

Project Description: