



Use by Special Review Vacation

Department of Planning Services
1402 N. 17th Avenue, P.O. Box 758, Greeley, CO 80632
www.weld.gov | 970-400-6100 | FAX 970-304-6498

This form is to be used to apply for a complete or partial vacation of an existing Use by Special Review (USR), Special Use Permit (SUP), or Conditional Use Permit (CUP).

Per Section 23-2-280.B of the Weld County Code, a landowner may request a partial vacation of a USR, subject to approval by the Board of County Commissioners County Commissioners, to decrease the area of the USR. The boundaries of the USR must match the property boundaries. The applicant shall submit a Partial Vacation USR map illustrating the vacated portions of the property/operation. The map shall contain two vicinity maps; the first showing the boundary prior to the partial vacation and the second showing the use boundary after the partial vacation. The notes and other details must match the USR map being replaced.

A map is not required for a complete vacation (revocation) of a USR, SUP, or CUP.

For a partial vacation, the applicant must receive permission from applicable County and State agencies. (For example: The release of a portion of a gravel mining operation from the Colorado Division of Mining Reclamation and Safety (DRMS) at the completion of the reclamation activities on the subject property.) Written evidence of such release shall be provided to the Department of Planning Services with the request to vacate such portion of the property.

Upon submittal of a complete application, the Department of Planning Services will schedule a hearing at a regular Board of County Commissioners meeting and notify the applicant of the date and time.

Upon approval of the request for a partial vacation by the Board of County Commissioners, the applicant shall submit the Partial Vacation map delineated in nonfading permanent black ink on Mylar or other media approved by the Department of Planning Services, along with the recording fee. The map shall bear original signatures and seals in permanent black ink. The map shall be recorded in the office of the County Clerk and Recorder by the Department of Planning Services within 21 days of action by the Board of County Commissioners.

Approval by the Board of County Commissioners of a complete vacation of a USR/SUP/CUP takes effect immediately. Staff will record the Board's resolution.

Application Submittal Requirements

- _____ Application form. (See attached.)
- _____ Authorization form if applicant is not the property owner. (See attached.)
- _____ Incorporation documents if the property owner is a business, or trust documents if the owner is a trust.
- _____ Deed identifying the property owner.
- _____ County Treasurer statement from the current tax year showing no delinquent property taxes.
- _____ Partial Vacation map, if applicable.
- _____ If the vacation is a partial vacation, application fee: \$300: Note: Fees are non-refundable and due when the application is determined to be complete. Fees are set by the Board of County Commissioners. County Staff is not authorized to negotiate fees and cannot, under any circumstance, waive, reduce, or amend the fees set forth in the Weld County Planning Fee Schedule.

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Use by Special Review Vacation Application

Planning Department Use: _____	Date Received: _____
Amount \$ _____	Case # Assigned: _____
Application Received By: _____	Planner Assigned: _____

- Complete Vacation (Revokes the USR/SUP/CUP.)
- Partial Vacation of a USR. A Partial Vacation USR map is required. The boundaries of the USR must match the property boundaries.

Property Information

Case Number/Title of USR to be vacated/partially vacated: _____

Site Address: _____

Parcel Number: _____ - _____ - _____ - _____ - _____

Parcel Number: _____ - _____ - _____ - _____ - _____

Legal Description: _____ Section: _____, Township _____ N, Range _____ W

Property Owner(s) *(Attach additional sheets if necessary.)*

Name: _____

Company: _____

Phone #: _____ Email: _____

Street Address: _____

City/State/Zip Code: _____

Applicant/Authorized Agent *(Authorization form must be included if there is an Authorized Agent.)*

Name: _____

Company: _____

Phone #: _____ Email: _____

Street Address: _____

City/State/Zip Code: _____

I (We) hereby depose and state under penalties of perjury that all statements, proposals, and/or plans submitted with or contained within the application are true and correct to the best of my (our) knowledge. All fee owners of the property must sign this application, or if an Authorized Agent signs, an Authorization Form signed by all fee owners must be included with the application. If the fee owner is a corporation, evidence must be included indicating the signatory has the legal authority to sign for the corporation.

Signature: Owner or Authorized Agent

Date

Signature: Owner or Authorized Agent

Date

Print: Owner or Authorized Agent

Print: Owner or Authorized Agent

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Departments of Planning
Building, Development Review
and Environmental Health
1402 North 17TH Avenue
P.O. Box 758
Greeley, CO 80632

Authorization Form

I, (We), _____, give permission to _____
(Owner – please print) (Authorized Agent/Applicant–please print)

to apply for any **Planning, Building, Access, Grading or OWTS** permits on our behalf, for the property located at (address or parcel number) below:

Legal Description: _____ of Section _____, Township _____ N, Range _____ W

Subdivision Name: _____ Lot _____ Block _____

Property Owners Information:

Address: _____

Phone: _____ E-mail: _____

Authorized Agent/Applicant Contact Information:

Address: _____

Phone: _____ E-Mail: _____

Correspondence to be sent to: Owner ____ Authorized Agent/Applicant ____ by: Mail ____ Email ____

Additional Info: _____

I (We) hereby certify, under penalty of perjury and after carefully reading the entire contents of this document, that the information stated above is true and correct to the best of my (our) knowledge.

_____ Date _____ Date _____

Owner Signature

Owner Signature

Subscribed and sworn to before me this _____ day of _____, 20 _____ by _____.

My commission expires _____

Notary Public

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To Whom it May Concern,

I/We _____
(Name(s) of Property Owner(s))

are writing to request the (complete / partial) vacation of _____.
(Circle one.) (Insert case number.)

Print: Owner or Authorized Agent

Date

Print: Owner or Authorized Agent

Date

Signature: Owner or Authorized Agent

Signature: Owner or Authorized Agent