

Date Submitted:\_\_\_\_\_ Comments Due By:\_\_\_\_\_ Minor Amendment #\_\_\_\_\_ Zoning Facilitator:

Effective Date:\_\_\_\_\_

THIS BOX IS FOR OFFICE USE ONLY

## **Parkway Landscape Amendment Application**

The requested information on this application is required.

Subdivision name:	
Project Location (Street Address):	
General Information: List all property owners having a legal/equitable interest in the property (Attach separate sheets if necessary). Owner's Name (s):	
Street Address:	City/State/Zip:
Telephone:	_Email:
Applicant's/Consultant's Name:	Name of firm:
Street Address:	City/State/Zip:
Telephone:	_ Email:

## **SUBMITTAL REQUIREMENTS:**

- 1) The initial submittal and additional rounds of review shall be electronic (one (1) copy on a CD or Flash drive) of the site/landscape plan showing proposed changes.
- 2) Complete and sign Parkway Landscape Amendment Application form.

For a list of suggested parkway plants please visit: http://www.fcgov.com/utilities/img/site\_specific/uploads/Parkway\_landscape\_brochure\_2015\_Web.pdf

For other helpful resources in conserving water visit: <u>https://www.fcgov.com/utilities/residential/conserve/water-efficiency/xeriscape</u> or contact Katy Collins at <u>kcollins@fcgov.com</u>

3) Application fee: None.

## MINOR AMENDMENT

Detailed description of the change and reason(s) for the request:

## **CERTIFICATION**

I certify the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application, I am acting with the knowledge, consent, and authority of the owners of the property (including all owners having a legal or equitable interest in the real property, as defined in Section 1-2 of the City Code; which is the subject of this application) without whose consent and authority the requested action should not lawfully be accomplished. Pursuant to said authority, I hereby permit City officials to enter upon the property for the purpose of inspection, and if necessary, for posting a public notice on the property.

Name (please PRINT): \_\_\_\_\_

Address:\_

Telephone:\_

\_\_\_\_\_Signature:\_\_\_\_

281 N. College Ave, PO Box 580, Fort Collins, CO 80522, (970) 416-2745 F: (970) 224-6134