

**CITY & COUNTY OF DENVER  
DEPARTMENT OF ZONING ADMINISTRATION**

201 W. Colfax Avenue, Dept. 205  
Denver, CO 80202  
720-865-3000

(Fill in all blanks – Incomplete application will be returned without processing)  
**Application To Amend The Boundaries of a Designated Zone Lot**

AN IMPROVEMENT SURVEY SHOWING THE LOCATION AND INDICATING THE HEIGHT  
OF ALL EXISTING STRUCTURES MUST BE SUBMITTED WITH THIS APPLICATION

Address(s) \_\_\_\_\_

Address(s) \_\_\_\_\_

Zone District \_\_\_\_\_ Schedule # \_\_\_\_\_

Zone District \_\_\_\_\_ Schedule # \_\_\_\_\_

**THE UNDERSIGNED, AS OWNER(S) OF THE ZONE LOT(S) DESCRIBED AS:**

DO HEREBY REQUEST APPROVAL TO AMEND THE ZONE LOT(S) INTO \_\_\_\_\_ ZONE LOT(S)  
DESCRIBE AS FOLLOWS (number of)

ZONE LOT 1: \_\_\_\_\_

ZONE LOT 2: \_\_\_\_\_

ZONE LOT 3: \_\_\_\_\_

OR COMBINE ZONE LOTS \_\_\_\_\_ AND \_\_\_\_\_ INTO ONE ZONE LOT DESCRIBED AS FOLLOWS:

**PRINT OWNER(S) NAME & ADDRESS BELOW:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Signature \_\_\_\_\_

**PRINT OWNER(S) NAME & ADDRESS BELOW:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_  
Signature \_\_\_\_\_

**BELOW THIS LINE – FOR AGENCY USE ONLY**

**AMENDED ZONE LOT(S) COMPLY WITH THE FOLLOWING REQUIREMENTS:**  USE  LAND AREA  SETBACKS  
 BULK CONTROL  OPEN SPACE  O.S. PARKING/LOADING  ACCESSORY USE(S)  FRONTAGE

**Note: To ensure proper utility service and building/fire code compliance, please contact:  
Wastewater Management, Denver Water Department and The Building Department**

APPROVED  DENIED – For the following reason(s): \_\_\_\_\_

For Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

FEE \$50.00 Receipt #: \_\_\_\_\_ Intake Date: \_\_\_\_\_ Intake Initials: \_\_\_\_\_