



# Special Review Use Application

## HOME OCCUPATION

304 CENTRAL AVE - WIGGINS, CO 80654 - PH: 970.483.6161 - FAX: 970.483.7364 - [WWW.WIGGINSCO.COM](http://WWW.WIGGINSCO.COM)

Filing Fee: \$250.00	Permit #:	Date:	
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### APPLICANT INFORMATION

Property Owner	Name:			
	Address:			City, State Zip:
	Phone:		Email:	
Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Primary Contractor	Name:			Title:
	Company:			
	Address:			City, State Zip:
	Phone:		Email:	

Property Information	Square Footage of Residence:	Where will business be conducted? (i.e. garage, basement, spare room)
	Square Footage Business Will Use:	

Description of Special Review Use Being Requested:

Please  **AND** sign below to indicate you have read the attached document, the statements below, and understand all that apply to this Permit Application.

**\*Please note: Applications will be placed on the agenda Planning Commission & Board of Trustee Agenda when the application is completed and returned to the Town Hall a minimum of 20 days prior to a Planning & Zoning Commission meeting.**

- Filing fee: **\$250.00 PAYABLE TO: TOWN OF WIGGINS**
- Names and addresses (within 300 feet) of all property owners adjacent to the subject property from the Morgan County Assessor, or an ownership update, derived from Morgan County Clerk & Recorder, from a title company or attorney.
- Legal description of the property affected.
- Site Plan (in accordance with Land Development Code Appendix 2).
- Please answer **ALL** questions from the back. (A separate sheet of paper may be used if necessary).
- Consultation Meeting or Discussion with Town Manager. This is required prior to submitting a Special Use Review Application.

Meeting Date: \_\_\_\_\_

By my signature affixed hereto, I certify that I have read and examined this application and know the same to be true and correct. I understand that the granting of an approved application does not presume to give authority to violate or cancel any provisions of any state or local laws regulating a Special Use Review request.

X  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE PROVIDE ANSWERS TO ALL QUESTIONS.** Questions may also be answered on a separate sheet of paper.

- A) Please describe the business that will be conducted. Please include type of work and working hours that will be conducted. Please include where business will be conducted.
  
- B) Does the business require changes to the outside appearance? This includes outdoor advertising signs/displays that may solicit or direct persons to this address. If yes, please provide a diagram and specs for the sign plan. This may be done on a separate sheet of paper.
  
- C) How many employees will you have? (Please include yourself as an employee.) Please explain if your employee(s) will be working from another location, or if your employee(s) will be working from where the business is located.
  
- D) Does the business require storage of any equipment, materials, and/or chemicals? If so, where will these items be stored at? Will additional storage/buildings be needed/added to the premises? (i.e. storage sheds, new additions, trailers, port-a-pots)
  
- E) Will there be commercial vehicles used for the business? If so, how many commercial vehicles will be used, and where will these vehicles be parked and/or stored? Will clients be coming to the business? How often? Where will clients park?