

Attachment Checklist: (Label all attachments with appropriate Attachment #)	
<input type="checkbox"/> A: Detailed explanation of the request. Be specific <input type="checkbox"/> B: Specify how you will comply with the conditions contained in Section 17-4-51 of the Pueblo Municipal Code. Be specific. <input type="checkbox"/> C: Site and Building Photographs. <input type="checkbox"/> D: Additional information that you believe justifies the request. <input type="checkbox"/> E: Pueblo County Assessor's Property Information print out (www.co.pueblo.co.us) <input type="checkbox"/> F: Copy of State of Colorado Daycare home permit, must be provided within 180 days of Conditional Use Permit approval. <input type="checkbox"/> G: City business license application forms <input type="checkbox"/> H: Off-street parking plan. <input type="checkbox"/> I: Fencing plan for outdoor recreation areas.	
By signing below, the Property Owner and Applicant are representing that each understands and agrees to the following terms:	
Terms	1. Authorized personnel from the City of Pueblo, are hereby granted the right to enter the subject property for the purposes of reviewing and processing the application. 2. There are no known hazards or vicious animals present on the subject property. 3. All requisite fees have been paid to the City of Pueblo. 4. All information in this application, and all attachments, are true and accurate to the best of my knowledge. 5. The City of Pueblo is under no obligation to approve the request contained in this application. No promises of approval are conveyed with the acceptance of this application. 6. It is highly recommended that a licensed surveyor complete a property survey before any construction takes place. The property owner is responsible for any construction that takes place within the boundaries of their property. The city may require any construction built outside of the property legal boundaries or within any setbacks (by intent or error), to be removed at the owners' expense.
	Property Owner
Signatures	Print Name: _____
	Signature: _____ Date: _____
	Applicant, if different from Property Owner
	Print Name: _____
	Signature: _____ Date: _____

Office Use Only	Zoning Compliance (Completed by City Staff)		Receipt:
	Application received by:	Date:	
	Application checked for completeness by:	Date:	
	Case Manager:	Fee Paid:	
	Approval date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Case #:	<input type="checkbox"/> Approved w/conditions		