

ZONING - MINERAL INTEREST OWNER NOTIFICATION FORM

To: _____
Mineral Interest Owner

From: _____
Subject Property Owner

Date: _____

Reference: _____
Project Name

It has been determined by research of the Fremont County Assessor's Records that you own a severed mineral interest of a property proposed for development. As required by the Fremont County Zoning Resolution (FCZR) you are entitled to notice of the proposed development, said notice to be post marked a minimum of thirty (30) days prior to the Fremont County Planning Commission (Commission) meeting at which the application is anticipated to be heard, not to include the day of the meeting.

Type of application: **Conditional Use Permit**
 Special Review Use Permit
 Commercial Development Plan
 Zone Change

The subject property, as referenced above is located at _____.
General Location or Address (see Vicinity Map Exhibit A)

The subject property is legally described as: _____

 Check here if legal description is attached as Exhibit B.

The proposed land use for the subject property is _____

This application is anticipated to be heard by the Commission on _____
The public meeting starts at 3:00 PM.

This application is anticipated to be heard by the Board on _____
The public hearing starts at 10:00 AM.

These meetings are held in Room LL3 (*lower level Board Meeting Room*) of the Fremont County Administration Building, 615 Macon Avenue, Cañon City, Colorado. You and or your representative (*representative documentation may be required*) may attend the meeting to present your comments or written comments will be accepted at the meeting or prior to the meeting at the Department of Planning and Zoning (Department) in Room 210 of the Administration Building. Oral comments cannot be accepted except at the meeting at which the application is to be heard.

If you would like further information regarding the application you can contact the Department by telephone at (719) 276-7360 or by email at planning@fremontco.com to schedule an appointment to review the application. For further reference regarding the governing regulations:

the Fremont County Zoning Resolution may be viewed on the Internet at
<http://www.fremontco.com/planningandzoning/zoningresolution.shtml>

The Department, Commission and Board would welcome your comments regarding this application and will include written comment, on or accompanied by this form, in the hearing body's review packet if

received by the Department with enough time to include prior to finalization of the review packets. Please complete the following information with any written comments.

Mineral Interest Owner's Name(s): _____

Mailing Address: _____
Street Address City State Zip Code

Telephone # _____ Email: _____

Property Address: _____
Street Address City State Zip Code

Are you the current owner of the mineral interests of the reference property? Yes --- No

Are you currently leasing these mineral interests to another party? Yes --- No If yes, please pass this notification in a timely fashion to the lessee. Lessee: _____

Are there current or proposed mineral extraction plans for the subject property? Yes --- No Please explain. _____

As a severed mineral interest owner(s) of the subject property; I or We are --- FOR this development; I or We are --- AGAINST this development; for the following reasons: (or I or We are --- Neutral but have the following comments) [other comments] _____

Failure to provide written comment prior to the meeting, written comment at the meeting or oral comment at the meeting at which the application is to be heard will result in the Department, Commission and Board assuming that you, as a mineral interest owner of the subject property, have no comments with regard to the proposed development.

Mineral Interest Owner Printed Name

Signature

Date