



FREMONT COUNTY

DEPARTMENT OF PLANNING AND ZONING

615 MACON AVENUE, ROOM 210, CAÑON CITY, COLORADO, 81212

Telephone 719-276-7360 / Facsimile 719-276-7374

Email: Planning@fremontco.com

<input type="checkbox"/> Home Occupation I \$200.00	<input type="checkbox"/> Home Occupation II \$200.00	<input type="checkbox"/> Home Occupation III \$200.00
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PROPERTY INFORMATION: Provide information to identify the property and the proposed development. Attach additional sheets if necessary.

Property Address:

59 Current Creek Ct Canon City CO 81212

Tax ID/Parcel Number:

495527303

Parcel size in Acres:

4.2

Zoning District:

R3

Proposed Home Occupation:

FFL - Health Occupation

Nurse Practitioner Tele health

PROPERTY OWNER(S) INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.

Name(s) (Individual or Organization):

Kent Johnson

Mailing Address:

59 Current Creek Ct
Canon City CO 81212

Telephone:

918-344-2128

Email Address:

EMSA PARA@Gmail.com

AUTHORIZATION REPRESENTATIVE / AGENT / CONSULTANT: Indicate person(s) submitting the application if different than the property owner(s). Attach additional sheets if necessary.

Name(s) (Individual or Organization): Kent Johnson
Mailing Address: 59 Currant Creek Ct. Cannon City Co 81212
Telephone: 918-344-2128
Email Address: EMSA PARA @ Gmail .com

By signing this Application, the Applicant, or the agent / representative / consultant acting with due authorization on behalf of the Applicant, hereby certifies that all information contained in the application and any attachments to the Application, is true and correct to the best of the Applicant's knowledge and belief.

The Applicant understands that required private or public improvements imposed as a contingency of approval for the application may be required as a part of the approval process.

Fremont County hereby advises the Applicant that if any material information contained herein is determined to be misleading, inaccurate or false, the Board of County Commissioners may take any and all reasonable and appropriate steps to declare null and void, any actions of the Board regarding the Application.

Signing this Application is a declaration by the applicant that all plans, drawings and commitments submitted with or contained within this Application are or will be in conformance with the requirements of the Fremont County Zoning Resolution.

Kent Johnson _____ 3-13-25
Printed Name Applicant Signature Date

Kent Johnson _____ 3-13-25
Printed Name Owner Signature Date



Fremont County Planning & Zoning Department
Home Occupation I, II, III, Application

1. Explain in detail what the home occupation use is:

Home office for Telemedicine - Primarily on
computer - no client will visit. FBI in
PATIENT SALES -

2. Will you have any employees: YES NO
(b) If yes, how many employees? _____

3. Will the home occupation be wholly contained within the residence? YES NO -
(b) If no, what is the square footage needed in a detached structure: 500

4. Will there be outdoor storage on the premises? YES NO
(b) If yes, what is the square footage needed for the outdoor storage area? _____

5. Will there be exterior advertising/sign? YES NO
(b) If yes, what is the dimensions of the sign? _____

6. Explain why the use will have a minimal impact on adjacent properties:

Primarily in an office in existing structure

7. Explain why the use will have a minimal impact on adjacent properties:

No clients come to the Home/office

REQUIRED EXHIBITS

Submittals and exhibits should be clearly identified with section located on the bottom right-hand corner, or otherwise tabbed or marked. Any waiver requests shall be labeled as the same exhibit number.

REQUIRED ATTACHMENTS – SECTION TWO

<input type="checkbox"/> EXHIBIT 2.1	A copy of the most recent recorded deed.
<input type="checkbox"/> EXHIBIT 2.2	Written proof from the appropriate entity or service provider that water and sewer/septic services are adequate for all uses on the parcel.
<input checked="" type="checkbox"/> EXHIBIT 2.3	Attach a list of all agencies of local, state, or federal government that will be required to issue any permit, license, or other authorization for all or any part of the activity that comprises the Home Occupation
<input type="checkbox"/> EXHIBIT 2.4	Plot Plan <input type="checkbox"/> All structures proposed or existing with dimensions to property lines. <input type="checkbox"/> All utilities for the structures, including electric, gas, water, and sanitation. <input type="checkbox"/> All parking areas. <input type="checkbox"/> Outdoor storage area, if applicable. <input type="checkbox"/> Sign location, if applicable. <input type="checkbox"/> All exterior access points.

*2.3 - FFL
Nursing license*

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To	ATF - Chief, FFLC FFLC@atf.gov 1-866-662-2750	License Number	5-73-113-01-5B-08252
Chief, Federal Firearms Licensing Center (FFLC)		Expiration Date	February 1, 2025
Name	<i>Tracy Robertson</i> JOHNSON, KENT ALAN		

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)
**1695 SKYLINE DRIVE
PAWHUSKA, OK 74056-**

Type of License
01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Purchasing Certification Statement
The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."

Mailing Address (Changes? Notify the FFLC of any changes.)
JOHNSON, KENT ALAN
1695 SKYLINE DRIVE
PAWHUSKA, OK 74056-

<i>[Signature]</i> Licensee/Responsible Person Signature	<i>Owner</i> Position/Title
<i>Kent Johnson</i> Printed Name	<i>2-1-22</i> Date

Previous Edition is Obsolete JOHNSON, KENT ALAN;1695 SKYLINE DRIVE;74056-5-73-113-01-5B-08252;February 1, 2025;01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES ATF Form 8 (5310.11) Revised October 2011

Federal Firearms License (FFL) Customer Service Information

Federal Firearms Licensing Center (FFLC) 244 Needy Road Martinsburg, WV 25405-9431
Toll-free Telephone Number: (866) 662-2750
Toll-free Fax Number: (866) 257-2749
E-mail: FFLC@atf.gov
ATF Homepage: www.atf.gov
FFL eZ Check: www.atfonline.gov/fflezcheck

Change of Address (27 CFR 478.52). Licensees may during the term of their current license remove their business or activity to a new location at which they intend regularly to carry on such business or activity by filing an Application for an Amended Federal Firearms License, ATF Form 5300.38, in duplicate, not less than 30 days prior to such removal with the Chief, Federal Firearms Licensing Center. The application must be executed under the penalties of perjury and penalties imposed by 18 U.S.C. 924. The application shall be accompanied by the licensee's original license. The license will be valid for the remainder of the term of the original license. **(The Chief, FFLC, shall, if the applicant is not qualified, refer the application for amended license to the Director of Industry Operations for denial in accordance with § 478.71.)**

Right of Succession (27 CFR 478.56). (a) Certain persons other than the licensee may secure the right to carry on the same firearms or ammunition business at the same address shown on, and for the remainder of the term of, a current license. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business shall furnish the license for that business for endorsement of such succession to the Chief, FFLC, within 30 days from the date on which the successor begins to carry on the business.

(Continued on reverse side)

Cut Here ✂

Federal Firearms License (FFL) Information Card

License Name: **JOHNSON, KENT ALAN**

Business Name:

License Number: **5-73-113-01-5B-08252**

License Type: **01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

Expiration: **February 1, 2025**

Please Note: Not Valid for the Sale or Other Disposition of Firearms.

FFL Newsletter - Electronic Version Available

Sign-Up Today!

FFLs interested in receiving the electronic version of the FFL Newsletter, along with occasional additional information, should submit name, FFL number, and e-mail address to: FIPB@atf.gov.

The electronic FFL Newsletter will enable ATF to communicate information to licensees on a periodic basis.