



## 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](mailto:Planning@fremontco.com)

**Fremont County**

**JUN 16 2025**

**Planning & Zoning**

# Home Occupation I, II, III Application Packet

*Note: All applications prior to submittal must have gone through a pre-application meeting.*

FREMONT COUNTY PLANNING & ZONING

## Process & Requirements Overview

This accessory use is intended to be allowed in zone districts where residential uses are permitted, and where the home occupation is clearly incidental and secondary to the residential use, does not change the character and nature of the community, and has minimal impact on adjacent uses.

### General Requirements:

Except as otherwise provided, there shall be no exterior advertising other than identification of the home occupation; such sign shall not be larger than two (2) square feet and shall not be illuminated; such sign shall be subject to other portions of this Resolution pertaining to signs.

There shall be only incidental sale of stocks, supplies, or products conducted on the premises.

No mechanical equipment is operated except such as normally used for purely domestic or household purposes; and provided further that in the pursuit of such home occupation, no equipment shall be used that creates off-site noise, dust, vibration, glare, fumes, odors, or electrical interference detectable to the normal senses. In the case of electrical interference, no equipment or process shall be used that creates visual or audible interference in any radio or television receiver off the premises or causes fluctuations in line voltage off the premises.

A home occupation shall provide additional off-street parking area adequate to accommodate all needs created by the home occupation.

More than one (1) home occupation may be conducted in or on the same premises provided that the cumulative affect does not exceed any of the requirements of Home Occupation I, II, or III, as applicable.

### Home Occupation I:

Such use shall be conducted by the inhabitants living in the principal dwelling, with no more than one (1) employee

The home occupation shall be wholly contained within the residence.

There shall be no exterior storage on the premises of material or equipment used as a part of the home occupation.

Not more than one (1) commercially licensed vehicle or vehicle containing equipment or advertising related to the home occupation is parked on the premises.

A Home occupation I may include the following uses or any similar use or use which has similar neighborhood and infrastructure impacts: art studio, beauty parlor, barber shop, dressmaking, photography services, telephone marketing, dog grooming, nail salons, family child care home (not more than eight (8) children, not including the resident's children) and professional offices (i.e., legal, surveying, engineering, architectural, planning, accounting, insurance.)

A Home Occupation I shall not include the following or any similar use or use which has similar neighborhood and infrastructure impacts: retail store, nursing home, hospital, medical clinic, veterinary premises, school, restaurant, lounge, financial institution, vehicle or boat repair shop, paint shop, machine shop, carpentry shop, upholstery shop, museum, rafting office, boarding and rooming houses, bed and

breakfast.

**\* Home Occupation II:**

This use is intended to be allowed in zone districts where residential uses are permitted in combination with large acreage parcels (one (1) acre or larger). This use is an accessory use provided all the following conditions are met.

Such use shall be conducted by the inhabitants living in the principal dwelling with no more than one (1) employee.

The home occupation may be conducted within a residence or a detached structure provided it complies with the size requirements and any other applicable regulations. Such use may be conducted outdoors provided all other provisions of the home occupation are met.

There shall be no exterior storage on the premises of material or equipment used as a part of the home occupation.

The maximum area devoted to the home occupation by the use of a detached structure is one thousand (1000) square feet.

Not more than one (1) commercially licensed vehicle or vehicle containing equipment or advertising related to the home occupation is parked on the premises.

*match*  
A Home occupation II may include the following uses or any similar use or use which has similar neighborhood and infrastructure impacts: art studio, beauty parlor, barber shop, dressmaking, photography services, telephone marketing, dog grooming, paint striping, nail salons, family child care home (not more than eight (8) children, not including the resident's children) and professional offices (i.e., legal, surveying, engineering, architectural, planning, accounting, insurance

A Home Occupation II shall not include the following or any similar use or use which has similar neighborhood and infrastructure impacts: retail store, nursing home, hospital, medical clinic, veterinary premises, kennel, school, restaurant, lounge, financial institution, vehicle or boat repair shop, paint shop, machine shop, carpentry shop, upholstery shop, museum, rafting office, boarding and rooming houses, bed and breakfast.

**Home Occupation III:**

This use is intended to be allowed in zone districts where residential uses are permitted in combination with large acreage parcels (four and a half (4 ½) acres or larger). This use is an accessory use provided all the following conditions are met.

Such use shall be conducted by the inhabitants living in the principal dwelling with no more than two (2) employees.

The use may be conducted within a residence and/or a detached structure provided it complies with the size requirements and any other applicable regulations. Such use may be conducted outdoors provided all other provisions of the home occupation are met.

The maximum area devoted to the home occupation by the use of a detached structure is one-thousand-

five hundred (1500) square feet. If the home occupation is to be conducted within a residence, the home occupation must be wholly contained within the residence.

There shall be no exterior advertising other than identification of the home occupation; such sign shall not be larger than ten (10) square feet and shall not be illuminated; such sign shall be subject to other portions of this Resolution pertaining to signs.

Outdoor Storage on the premises of material or equipment used as a part of the home occupation will be allowed but shall be limited to one thousand (1,000) square feet and is required to be screened by an opaque security fence six (6) feet in height constructed of metal, wood, or masonry.

A Home Occupation III may include the following uses or any similar use or use which has similar neighborhood and infrastructure impacts: art studio, beauty parlor, barber shop, dressmaking, photography services, telephone marketing, machine shop, carpentry shop, upholstery shop, minor vehicle or boat repair shop (not to allow the outdoor storage of inoperable vehicles and boats) gun repair shop, taxidermy, personal semi-tractor/trailer parking (two (2) units maximum), dog grooming, paint striping, paint shop, nail salon, family child care home (not more than eight (8) children, not including the resident's children), professional offices (i.e., legal, medical, dental, veterinarian office with no outdoor kennels, surveying, engineering, architectural, planning, accounting, insurance), and contractor's yard. For a contractor's yard refer to section 5.03(a) of Fremont County Regulations.

A Home Occupation III shall not be interpreted to include the following or any similar use or use which has similar neighborhood and infrastructure impacts: retail store, nursing home, hospital, restaurant, lounge, financial institution, rafting office, museum, and boarding and rooming houses.

Any application which is not complete or does not include all minimum submittal requirements will be rejected by the Fremont County Department of Planning and Zoning (Department). The department requires one (1) electronic copy, one (1) hard copy of the application, one (1) hard copy all required submittals, and two (2) hard copies of the site plan.

Upon receipt of a complete application, the Department will review the application and all attachments and prepare a Department Submittal Deficiency and Comment Letter (D & C Letter), which will state the submittal deficiencies which must be addressed by the applicant, Department comments and/or questions about the application, and the number of revised application packets to be supplied to the Department. An additional full application fee may be charged to the applicant, as per Resolution approved by the Board of County Commissioners (Board), if all deficiencies as per the initial D & C Letter are not adequately addressed or provided. Each subsequent D & C Letter, based on resubmitted items, will result in another full application fee. All such fees shall be paid along with the deficiency submittal, prior to any further review of the application.

The Department, Commission, and/or Board of County Commissioners (Board) may require additional information at any time during the application process as may be deemed necessary for thorough consideration of the application and to enable an informed final decision.

**Applicants shall pay all application fees to the Fremont County Treasurer's Office. Upon receipt of a complete application, a Department representative will provide the applicant with a payment check list to present to the Treasurer's Office with payment.**



## 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](mailto:Planning@fremontco.com)

☐ Home Occupation I  
\$200.00

☒ Home Occupation II  
\$200.00

☐ Home Occupation III  
\$200.00

**PROPERTY INFORMATION:** Provide information to identify the property and the proposed development. Attach additional sheets if necessary.

Property Address:

1227 Poplar Ave

Tax ID/Parcel Number:

R034807

Zoning District:

R1

Parcel size in Acres:

1.9

Proposed Home Occupation:

Physical Therapy

**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):

Jeanne Canda

Mailing Address:

1227 Poplar Ave Canon City CO 81212

Telephone:

719 671 7274

Email Address:

jij@breshan.net

**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):

Elizabeth Canda

Mailing Address:

1227 Poplar Ave Canon City CO 81212

Telephone:

719-821-9299

Email Address:

elizabeth.a.canda@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.

Elizabeth Canda      *Elizabeth Canda*      5/28/25  
Printed Name      Applicant Signature      Date

Jeanne Canda      *Jeanne Canda*      5/28/25  
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:

See Example 1

2. Will you have any employees: [REDACTED]

(b) If yes, how many employees? See Ex. 2

3. Will the home occupation be wholly contained within the residence? [REDACTED]

(b) If no, what is the square footage needed in a detached structure: See Ex 3

4. Will there be outdoor storage on the premises? [REDACTED]

(b) If yes, what is the square footage needed for the outdoor storage area? See Ex 4

5. Will there be exterior advertising/Sign? [REDACTED]

(b) If yes, what is the dimensions of the sign? See Ex 5

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

See Ex 6

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

See Ex 7

### 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 checked="" type="checkbox"/> EXHIBIT 2.1	A copy of the most recent recorded deed.
<input checked="" 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 checked="" type="checkbox"/> All utilities for the structures, including electric, gas, water, and sanitation. <input checked="" type="checkbox"/> All parking areas. <input checked="" type="checkbox"/> Outdoor storage area, if applicable. <input checked="" type="checkbox"/> Sign location, if applicable. <input checked="" type="checkbox"/> All exterior access points.



- Q 1. Explain home occupation use:  
This business is to provide individualized physical therapy care addressing orthopedic and neurological conditions. This business will allow us to work one-on-one with the patient to achieve patient's best level of function through use of neuromuscular education, manual therapy, therapeutic exercise.
- EX 2. Any employees:  
The only employees will be the business owners themselves, Elizabeth A Canda and Jeanne A Canda
- EX 3. Home occupation contained in the residence? Square footage in detached structure:  
The business will be located in a 12x16,192 sq ft, free standing structure.
- EX 4. Outdoor Storage:  
No there will be no outdoor storage on the premise
- EX 5. Signage:  
~~Not at this time.~~ Signage will be on building, no signage from road.
- EX 6. Explain why the use will have minimal use on adjacent properties?  
This is a private business where people will be seen one on one, every hour so there will be limited traffic coming and going. Only one car every hour. Business will only be operational one to two days a week. We will have minimal impact on our neighbors with only one neighbor to the east and one to the west.
- EX 7. Explain why the use will have minimal use on adjacent properties?  
See Above

According to Fremont County zoning regulations, professional offices are defined as general business offices, medical, legal, engineering, real estate and other similar professional offices utilized for manufacturing operations, research and development. Often, these establishments require specialized education, training and licensure.

A physical therapy office fits this definition of a professional office as it offers rehabilitative services that necessitate professional expertise and licensure by the state. As physical therapists, we are continually utilizing evidence-based research to design and direct intervention plans that will assist the client with improved biomechanics to enhance their daily functional activities.

The proposed office would operate similarly to other professional service environments—such as legal, accounting or insurance offices—where appointments are scheduled, confidential records are maintained, and expert services are delivered in a one-on-one, office-like setting. The design is to support focused, one-on-one care with various applications of soft tissue mobilization, postural awareness and neuromuscular re-education that are integral to the therapeutic process.

This would not be a medical clinic as it does not meet the medical clinic definition in which we are not associated with a hospital or any other medical facility. We are independently owned and operated. A medical clinic also consists of a broad range of specialists ranging from surgeons to nurses. In this business, it will be limited to one specialty, physical therapy.

Original Note and Deed of Trust Returned to: April Ferguson, U.S. Bank Mortgage Servicing, 4801 Frederica St., Owensboro, KY 42301 800-365-7772  
 WHEN RECORDED RETURN TO: U.S. Bank C/O Nationwide Title Clearing, Inc. 2100 Alt. 19 North Palm Harbor, FL 34683  
 Prepared/Received by: U.S. Bank C/O Nationwide Title Clearing, Inc. 2100 Alt. 19 North Palm Harbor, FL 34683

REQUEST FOR FULL ☒ / PARTIAL ☐

**RELEASE OF DEED OF TRUST AND RELEASE BY HOLDER OF THE EVIDENCE OF DEBT  
 WITHOUT PRODUCTION OF EVIDENCE OF DEBT PURSUANT TO §38-39-102 (1) (a) AND (3), COLORADO REVISED STATUTES**

Dated this 26th day of February in the year 2021

Date

JEANNE A CANDA

Original Grantor (Borrower)

1227 POPLAR AVE. CANON CITY, CO 81212-4413

Current Address of Original Grantor, Assuming Party,  
or Current Owner

MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS BENEFICIARY, AS  
 NOMINEE FOR BANK OF THE SAN JUANS, DIVISION OF GLACIER BANK, ITS  
 SUCCESSORS AND ASSIGNS

Original Beneficiary (Lender)

04/25/2016

Date of Deed of Trust

on 04/26/2016

Date of Recording

FREMONT County Reception # 938449

Recording Information

County Rept. No. and/or Film No. and/or Book/Page No. and/or Torrens Reg. No.

TO THE PUBLIC TRUSTEE OF FREMONT COUNTY (The County of the Public Trustee who is the appropriate grantee to whom the above Deed of Trust should grant an interest in the property described in the Deed of Trust.)

PLEASE EXECUTE AND RECORD A RELEASE OF THE DEED OF TRUST DESCRIBED ABOVE. The indebtedness secured by the Deed of Trust has been fully or partially paid and/or the purpose of the Deed of Trust has been fully or partially satisfied in regard to the property encumbered by the Deed of Trust as described therein as to a full release or, in the event of a partial release, only that portion of the real property described as:

(IF NO LEGAL DESCRIPTION IS LISTED THIS WILL BE DEEMED A FULL RELEASE)

Pursuant to § 38-39-102 (3), Colorado Revised Statutes, in support of this Request for Release of Deed of Trust, the undersigned, as the holder of the evidence of debt secured by the Deed of Trust described above, or a Title Insurance Company authorized to request the release of a Deed of Trust pursuant to § 38-39-102 (3) (c), Colorado Revised Statutes, in lieu of the production or exhibition of the original evidence of debt with this Request for Release, certifies as follows:

1. The purpose of the Deed of Trust has been fully or partially satisfied.
2. The original evidence of debt is not being exhibited or produced herewith.
3. It is one of the following entities (check applicable box):

- a. ☒ The holder of the original evidence of debt that is a qualified holder, as specified in § 38-39-102 (3) (a), Colorado Revised Statutes, that agrees that it is obligated to indemnify the Public Trustee for any and all damages, costs, liabilities, and reasonable attorney fees incurred as a result of the action of the Public Trustee taken in accordance with this Request for Release;
- b. ☐ The holder of the evidence of debt requesting the release of a Deed of Trust without producing or exhibiting the original evidence of debt that delivers to the Public Trustee a Corporate Surety Bond as specified in § 38-39-102 (3) (b), Colorado Revised Statutes; or
- c. ☐ A Title Insurance Company licensed and qualified in Colorado, as specified in § 38-39-102 (3) (c), Colorado Revised Statutes, that agrees that it is obligated to indemnify the Public Trustee pursuant to statute as a result of the action of the Public Trustee taken in accordance with this Request for Release and that caused the indebtedness secured by the Deed of Trust to be satisfied in full, or in the case of a Partial Release, to the extent required by the holder of the indebtedness.

U.S. BANK NATIONAL ASSOCIATION 4801 FREDERICA STREET, 4801 FREDERICA STREET OWENSBORO, KY 42301

Name and Address of the Current Holder of the Evidence of Debt Secured by Deed of Trust (Lender)

or name and address of the Title Insurance Company Authorized to Request the Release of a Deed of Trust

Kelly A. Hillard VICE PRESIDENT U.S. BANK NATIONAL ASSOCIATION 4801 FREDERICA STREET, OWENSBORO, KY 42301

Name, Title and Address of Officer, Agent, or Attorney of Current Holder

*Kelly A. Hillard*

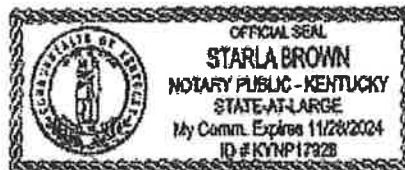
Kelly A. Hillard  
VICE PRESIDENT

STATE OF KENTUCKY COUNTY OF DAVIESS

This foregoing instrument was acknowledged before me on this 26th day of February in the year 2021 by Kelly A. Hillard as VICE PRESIDENT of U.S. BANK NATIONAL ASSOCIATION. He/she/they is (are) personally known to me.

*Starla Brown*

Starla Brown  
Notary Public - STATE OF KENTUCKY  
Commission expires: 11/28/2024



**RELEASE OF DEED OF TRUST**

WHEREAS, the Grantor(s) named above, by Deed of Trust, granted certain real property described in the Deed of Trust to the Public Trustee of the County referenced above, in the State of Colorado, to be held in trust to secure the payment of the indebtedness referred to therein; and  
 WHEREAS, the indebtedness secured by the Deed of Trust has been fully or partially paid and/or the purpose of the Deed of Trust has been fully or partially satisfied according to the written request of the holder of the evidence of debt or Title Insurance Company authorized to request the release of the Deed of Trust;

NOW THEREFORE, in consideration of the premises and the payment of the statutory sum, receipt of which is hereby acknowledged, I, as the Public Trustee in the County named above, do hereby fully and absolutely release, cancel and forever discharge the Deed of Trust or that portion of the real property described above in the Deed of Trust, together with all privileges and appurtenances thereto belonging.



Kathy Elliott

Exhibit  
2.1

✓ TO THE PUBLIC TRUSTEE OF FREMONT COUNTY (The County of the Public Trustee who is the appropriate grantee to whom the above Deed of Trust should grant an interest in the property described in the Deed of Trust.)

PLEASE EXECUTE AND RECORD A RELEASE OF THE DEED OF TRUST DESCRIBED ABOVE. The indebtedness secured by the Deed of Trust has been fully or partially paid and/or the purpose of the Deed of Trust has been fully or partially satisfied in regard to the property encumbered by the Deed of Trust as described therein as to a full release or, in the event of a partial release, only that portion of the real property described as:

(IF NO LEGAL DESCRIPTION IS LISTED THIS WILL BE DEEMED A FULL RELEASE)

Pursuant to § 38-39-102 (3), Colorado Revised Statutes, in support of this Request for Release of Deed of Trust, the undersigned, as the holder of the evidence of debt secured by the Deed of Trust described above, or a Title Insurance Company authorized to request the release of a Deed of Trust pursuant to § 38-39-102 (3) (c), Colorado Revised Statutes, in lieu of the production or exhibition of the original evidence of debt with this Request for Release, certifies as follows:

1. The purpose of the Deed of Trust has been fully or partially satisfied.
2. The original evidence of debt is not being exhibited or produced herewith.
3. It is one of the following entities (check applicable box):

- a. ☒ The holder of the original evidence of debt that is a qualified holder, as specified in § 38-39-102 (3) (a), Colorado Revised Statutes, that agrees that it is obligated to indemnify the Public Trustee for any and all damages, costs, liabilities, and reasonable attorney fees incurred as a result of the action of the Public Trustee taken in accordance with this Request for Release;
- b. ☐ The holder of the evidence of debt requesting the release of a Deed of Trust without producing or exhibiting the original evidence of debt that delivers to the Public Trustee a Corporate Surety Bond as specified in § 38-39-102 (3) (b), Colorado Revised Statutes; or
- c. ☐ A Title Insurance Company licensed and qualified in Colorado, as specified in § 38-39-102 (3) (c), Colorado Revised Statutes, that agrees that it is obligated to indemnify the Public Trustee pursuant to statute as a result of the action of the Public Trustee taken in accordance with this Request for Release and that caused the indebtedness secured by the Deed of Trust to be satisfied in full, or in the case of a Partial Release, to the extent required by the holder of the indebtedness.

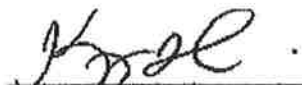
U.S. BANK NATIONAL ASSOCIATION 4801 FEDERICA STREET, 4801 FEDERICA STREET OWENSBORO, KY 42301

Name and Address of the Current Holder of the Evidence of Debt Secured by Deed of Trust (Lender)

or name and address of the Title Insurance Company Authorized to Request the Release of a Deed of Trust

Kelly A. Hillard VICE PRESIDENT U.S. BANK NATIONAL ASSOCIATION 4801 FEDERICA STREET, OWENSBORO, KY 42301

Name, Title and Address of Officer, Agent, or Attorney of Current Holder



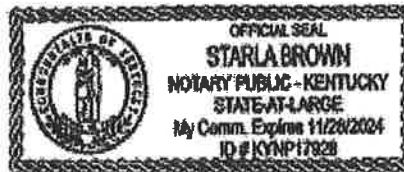
Kelly A. Hillard  
VICE PRESIDENT

STATE OF KENTUCKY COUNTY OF DAVIESS

This foregoing instrument was acknowledged before me on this 26th day of February in the year 2021 by Kelly A. Hillard as VICE PRESIDENT of U.S. BANK NATIONAL ASSOCIATION. He/she/they is (are) personally known to me.



Starla Brown  
Notary Public - STATE OF KENTUCKY  
Commission expires: 11/28/2024



**RELEASE OF DEED OF TRUST**

WHEREAS, the Grantor(s) named above, by Deed of Trust, granted certain real property described in the Deed of Trust to the Public Trustee of the County referenced above, in the State of Colorado, to be held in trust to secure the payment of the indebtedness referred to therein; and WHEREAS, the indebtedness secured by the Deed of Trust has been fully or partially paid and/or the purpose of the Deed of Trust has been fully or partially satisfied according to the written request of the holder of the evidence of debt or Title Insurance Company authorized to request the release of the Deed of Trust;

NOW THEREFORE, in consideration of the premises and the payment of the statutory sum, receipt of which is hereby acknowledged, I, as the Public Trustee in the County named above, do hereby fully and absolutely release, cancel and forever discharge the Deed of Trust or that portion of the real property described above in the Deed of Trust, together with all privileges and appurtenances thereto belonging.



Kathy Elliott

Public Trustee



Deputy Public Trustee

Loan Number 6850622624 USRPD 419021581 MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. (MERS) C5 MIN 100554416030900035 MERS PHONE 1-888-679-6377 MERS Mailing Address: P.O. Box 2026, Flint, MI 48501-2026 T252102-10:07:17 [C-1] ERCNCO5



\*D0071184060\*



## COLORADO

Department of  
Regulatory Agencies

Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting [www.colorado.gov/dora/DPO\\_Print\\_License](http://www.colorado.gov/dora/DPO_Print_License) and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting [www.nasbastore.org](http://www.nasbastore.org) and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at [nasbastore@nasba.org](mailto:nasbastore@nasba.org).

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or [dora\\_dpo\\_licensing@state.co.us](mailto:dora_dpo_licensing@state.co.us).

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Physical Therapy Board	
Jeanne J Canda Physical Therapist	
PTL.0001890 Number	11/01/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: <a href="http://dpo.colorado.gov">dpo.colorado.gov</a>	
Division Director: Sam Delp	Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Physical Therapy Board	
Jeanne J Canda Physical Therapist	
PTL.0001890 Number	11/01/2024 Issue Date
Active Credential Status	10/31/2026 Expire Date
Verify this credential at: <a href="http://dpo.colorado.gov">dpo.colorado.gov</a>	
Division Director: Sam Delp	Credential Holder Signature



# Statement of Participation

The Postgraduate Institute for Medicine confirms that

**Jeanne Canda**

has participated in the educational activity titled

**Healthcare Provider CPR/AED: Adult, Child, Infant (BLS)**

an Internet based activity on 01/02/2024

This educational activity for 4.0 contact hours is provided by the Postgraduate Institute for Medicine.



JOINTLY ACCREDITED PROVIDER  
Continuing Medical Education, Accredited Provider

In support of improving patient care, Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



Postgraduate Institute  
for Medicine  
Postgraduate Institute for Medicine

304 Inverness Way South, Suite 100, Englewood, CO 80112  
(303) 798-1930 | (303) 858-8848 Fax

*Trace Huchison, PharmD*

Trace Huchison, PharmD  
Director of Medical Education  
Postgraduate Institute for Medicine



American CPR Care Association  
We provide quality education

The licensee must retain this certificate for a period of 4 years after participating in the course.

## BASIC LIFE SUPPORT

**BLS  
Provider**



**Elizabeth A Canda**

has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Basic Life Support (CPR and AED) Program.

**Issue Date**  
2/25/2025

**Renew By**  
02/2027

**Training Center Name**  
Pikes Peak State College

**Instructor Name**  
Misty Barnes

**Training Center ID**  
CO20893

**Instructor ID**  
2307000827

**Training Center City, State**  
Colorado Springs, CO

**eCard Code**  
255417910830

**Training Center Phone  
Number**  
719-502-3474



**Training Site Name**

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycard](http://www.heart.org/cpr/mycard).  
© 2025 American Heart Association. All rights reserved. 20-0001 Rev23

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
<p>State Physical Therapy Board</p> <p><b>Elizabeth Anne Canda</b></p> <p>Physical Therapist Assistant</p>		<p>State Physical Therapy Board</p> <p><b>Elizabeth Anne Canda</b></p> <p>Physical Therapist Assistant</p>	
PTA.0014794 <b>Number</b> Active <b>Credential Status</b> Verify this credential at: <a href="http://dpo.colorado.gov">dpo.colorado.gov</a>	11/01/2024 <b>Issue Date</b> 10/31/2026 <b>Expire Date</b>	PTA.0014794 <b>Number</b> Active <b>Credential Status</b> Verify this credential at: <a href="http://dpo.colorado.gov">dpo.colorado.gov</a>	11/01/2024 <b>Issue Date</b> 10/31/2026 <b>Expire Date</b>
<div style="display: flex; justify-content: space-between;"> <span>Division Director: Sam Delp</span> <span></span> </div>		<div style="display: flex; justify-content: space-between;"> <span>Division Director: Sam Delp</span> <span></span> </div>	
Credential Holder Signature		Credential Holder Signature	

Exhibit 2.3

217.4'

Utility and  
Drainage  
Easement

168.6'

Deweese Dye Ditch  
and Reservoir CO.  
Easement

258.0'

Gravel Driveway

Cement

Metal Building

Modular Home  
on Foundation

427.3'

&lt;10.0'

&lt;22.7'

70.6'

Approximate  
100 Year  
Flood Plan

100.0'

POPLAR AVENUE

**Improvement Location Certificate**

1227 Poplar Avenue, Canon City, Colorado 81212

**Legal Description**

Lot 2, Jack and Marcee Subdivision

I, George R. Hall, CPLS hereby certify that this Improvement location certificate was prepared for Fidelity National Title Company, Jeanne A. Canda that it is not a land survey plat or improvement survey plat, and that it is not to be relied upon for the establishment of fence, building or other future improvement lines. I further certify that the improvements on the above described parcel on this

1st day of April in the year 2016, except utility connections are entirely within the boundaries of the parcel, except as shown, that there are no encroachments upon the described premises by improvements on any adjoining premises, except as indicated, and there is no apparent evidence or sign of any easement crossing or burdening any part of said parcel, except as noted.



Scale 1" = 50'

"Land Survey Plat" as defined in the Colorado Revised Statutes "means a plat which shows the information developed by a documented land survey, including any conflicting boundary evidence, which plat is suitable for recording pursuant to Section 38-51-102".

Canda

Client:

530-F0542898-330-AGA

Title Commitment No.:

2016431/1227POP

File name:

Tomar

Ordered by:

# Crown Point Land Services

719-275-5005 PHONE 391 Arrowhead Dr., Florissant, CO 80816

Exhibit 2.4





PO Box 6006  
Rapid City, SD 57709  
Phone: 888-890-5554  
Fax: 800-540-2486  
[www.blackhillsenergy.com](http://www.blackhillsenergy.com)

June 4, 2025

JEANNE CANDIA  
1227 POPLAR AVE  
CANON CITY, CO 81212

To whom it may concern:

Listed below is the information you requested.

Account number: 1917944656  
Account name: JEANNE CANDIA  
Service location: 1227 POPLAR AVE  
CANON CITY CO 81212 4413  
Utility type: Electric  
Dates of service: 12/29/2021 to Current

Account number: 1917944656  
Account name: JEANNE CANDIA  
Service location: 1227 POPLAR AVE  
CANON CITY CO 81212 4413  
Utility type: Electric  
Dates of service: 12/29/2021 to Current

If you have any questions, please call our Customer Service Center at 888-890-5554.

Sincerely,  
Customer Service

# Utility Billing

## Account History Report

User: kkwilliams@canoncity.org  
 Printed: 06/04/2025 - 9:30AM



Account Status: Active  
 Connect Date: 04/25/2016 Final Date:  
 Customer Name: JEANNE CANDA  
 Care Of:  
 Customer Address: 1227 POPLAR AVE  
 CANON CITY, CO 81212

Total Account Balance: 25.96  
 Total Deposits: 0.00 Total Refunds: 0.00

Owner Name:  
 Service Address: 1227 POPLAR AVE

Home Phone: (719) 671-7274 Ext:  
 Business Phone: Ext:  
 Account Number: 007295-000 Reference Number: 7442

Tran Date	Tran Type	Description	Amount	WA	ST	BF	ZC	MC	N/A	N/A	N/A
Current Balance By Service				25.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05/25/2025	Balance		25.96	25.96	0.00	0.00	0.00	0.00			
05/25/2025	Billing		85.80	85.80	0.00	0.00	0.00	0.00			
05/20/2025	Payment	Clearing House	-59.84	-59.84	0.00	0.00	0.00	0.00			
05/15/2025	Payment	Check No: 332	-59.84	-59.84	0.00	0.00	0.00	0.00			
04/28/2025	Balance		59.84	59.84	0.00	0.00	0.00	0.00			
04/28/2025	Billing		59.84	59.84	0.00	0.00	0.00	0.00			
04/20/2025	Payment		-46.86	-46.86	0.00	0.00	0.00	0.00			
04/19/2025	Billing	Initial Balance	46.86	46.86	0.00	0.00	0.00	0.00			

**Active**

Description	Read Date	Reading	Consumption
Route-Sequence-Serial: 77-2365-38925836			
Install Date: 5/23/1997 Meter Size: 75			
	5/8/2025	1,094.00	11.00

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CITY OF CANON CITY  
Print Transaction History

Page 1 of 4  
USER: KKWILLIAMS

Account Number: 7442 / Name: JEANNE A CANDA / Billing Address: 1227 Poplar Ave, Canon City, CO 81212-4413

Location Code: 772365 / Service Address: 1227 Poplar Ave, Canon City, CO 81212-4413

Transactions From: 06/01/2024 To: 07/04/2025

Transaction Type	Posted Date	Bill From Date	Bill To Date	Due Date	Creation Date	Tran Amount	Tax Amount	Penalty Amount	Penalty Forgiven	Total	Account Balance	Details	
Cycle Bill	04/25/2025	03/26/2025	04/25/2025	05/25/2025	05/01/2025	59.84	0.00	0.00	0.00	59.84	59.84	Run: 1857 / No: 2129	
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
	ZC-0	0.00	0.00	0	CHARGE	03/03/2025	03/31/2025	28	1,076	1,083	7	0	
	WA-0	59.84	0.00	0	CHARGE	03/03/2025	03/31/2025	28	1,076	1,083	7	0	
Payment	04/19/2025				04/21/2025	46.86	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 174747	
	SVC	Amount	Tax	Bill Date	Due Date	Type							
	WA-0	46.86	0.00	03/25/2025	04/25/2025	CHARGE							
Cycle Bill	03/25/2025	02/26/2025	03/25/2025	04/25/2025	03/26/2025	46.86	0.00	0.00	0.00	46.86	46.86	Run: 1848 / No: 2129	
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
	ZC-0	0.00	0.00	0	CHARGE	01/30/2025	03/03/2025	32	1,071	1,076	5	0	
	WA-0	46.86	0.00	0	CHARGE	01/30/2025	03/03/2025	32	1,071	1,076	5	0	
Payment	03/13/2025				03/14/2025	40.37	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 172640	
	SVC	Amount	Tax	Bill Date	Due Date	Type							
	WA-0	40.37	0.00	02/25/2025	03/25/2025	CHARGE							
Cycle Bill	02/25/2025	01/26/2025	02/25/2025	03/25/2025	02/26/2025	40.37	0.00	0.00	0.00	40.37	40.37	Run: 1841 / No: 2129	
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
	ZC-0	0.00	0.00	0	CHARGE	01/02/2025	01/30/2025	28	1,067	1,071	4	0	
	WA-0	40.37	0.00	0	CHARGE	01/02/2025	01/30/2025	28	1,067	1,071	4	0	
Payment	02/06/2025				02/07/2025	45.60	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 170589	
	SVC	Amount	Tax	Bill Date	Due Date	Type							
	WA-0	45.60	0.00	01/25/2025	02/25/2025	CHARGE							
Cycle Bill	01/25/2025	12/26/2024	01/25/2025	02/25/2025	01/27/2025	45.60	0.00	0.00	0.00	45.60	45.60	Run: 1831 / No: 2129	
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
	ZC-0	0.00	0.00	0	CHARGE	12/04/2024	01/02/2025	29	1,062	1,067	5	0	
	WA-0	45.60	0.00	0	CHARGE	12/04/2024	01/02/2025	29	1,062	1,067	5	0	
Payment	01/08/2025				01/09/2025	43.81	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 168961	
	SVC	Amount	Tax	Bill Date	Due Date	Type							
	WA-0	43.81	0.00	12/25/2024	01/25/2025	CHARGE							
Cycle Bill	12/25/2024	11/26/2024	12/25/2024	01/25/2025	12/26/2024	43.81	0.00	0.00	0.00	43.81	43.81	Run: 1823 / No: 2129	
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description

CITY OF CANON CITY  
Print Transaction History

Account Number: 7442 / Name: JEANNE A CANDA / Billing Address: 1227 Poplar Ave, Canon City, CO 81212-4413  
Location Code: 772365 / Service Address: 1227 Poplar Ave, Canon City, CO 81212-4413  
Transactions From: 06/01/2024 To: 07/04/2025

Transaction Type	Posted Date	Bill From Date	Bill To Date	Due Date	Creation Date	Tran Amount	Tax Amount	Penalty Amount	Penalty Forgiven	Total	Account Balance	Details
ZC-0	0.00	0.00	0		CHARGE	10/31/2024	12/04/2024	34	1,057	1,062	5	0
WA-0	43.81	0.00	0		CHARGE	10/31/2024	12/04/2024	34	1,057	1,062	5	0
Payment	12/08/2024			12/09/2024		68.09	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 167364
SVC	Amount	Tax	Bill Date	Due Date	Type							
WA-0	68.09	0.00	11/25/2024	12/25/2024	CHARGE							
Cycle Bill	11/25/2024	10/26/2024	11/25/2024	12/25/2024	11/26/2024	68.09	0.00	0.00	0.00	68.09	68.09	Run: 1814 / No: 2129
SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
ZC-0	0.00	0.00	0	CHARGE	10/01/2024	10/31/2024	30	1,048	1,057	9	0	
WA-0	68.09	0.00	0	CHARGE	10/01/2024	10/31/2024	30	1,048	1,057	9	0	
Payment	11/20/2024			11/21/2024		49.88	0.00	0.00	0.00	0.00	0.00	Receipt: PPAY/AUTOCARD: 2250 / Aut
SVC	Amount	Tax	Bill Date	Due Date	Type							
WA-0	49.88	0.00	10/25/2024	11/25/2024	CHARGE							
Cycle Bill	10/25/2024	09/26/2024	10/25/2024	11/25/2024	10/28/2024	49.88	0.00	0.00	0.00	49.88	49.88	Run: 1807 / No: 2129
SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
ZC-0	0.00	0.00	0	CHARGE	09/03/2024	10/01/2024	28	1,042	1,048	6	0	
WA-0	49.88	0.00	0	CHARGE	09/03/2024	10/01/2024	28	1,042	1,048	6	0	
Payment	10/05/2024			10/07/2024		37.74	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 163748
SVC	Amount	Tax	Bill Date	Due Date	Type							
WA-0	37.74	0.00	09/25/2024	10/25/2024	CHARGE							
Cycle Bill	09/25/2024	08/26/2024	09/25/2024	10/25/2024	09/26/2024	37.74	0.00	0.00	0.00	37.74	37.74	Run: 1797 / No: 2129
SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
ZC-0	0.00	0.00	0	CHARGE	08/01/2024	09/03/2024	33	1,038	1,042	4	0	
WA-0	37.74	0.00	0	CHARGE	08/01/2024	09/03/2024	33	1,038	1,042	4	0	
Payment	09/05/2024			09/06/2024		37.74	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 162240
SVC	Amount	Tax	Bill Date	Due Date	Type							
WA-0	37.74	0.00	08/25/2024	09/25/2024	CHARGE							
Cycle Bill	08/25/2024	07/26/2024	08/25/2024	09/25/2024	08/26/2024	37.74	0.00	0.00	0.00	37.74	37.74	Run: 1791 / No: 2129
SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
ZC-0	0.00	0.00	0	CHARGE	07/01/2024	08/01/2024	31	1,034	1,038	4	0	
WA-0	37.74	0.00	0	CHARGE	07/01/2024	08/01/2024	31	1,034	1,038	4	0	

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CITY OF CANON CITY  
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USER: KKWILLIAMS

Account Number: 7442 / Name: JEANNE A CANDA / Billing Address: 1227 Poplar Ave, Canon City, CO 81212-4413  
Location Code: 772365 / Service Address: 1227 Poplar Ave, Canon City, CO 81212-4413  
Transactions From: 06/01/2024 To: 07/04/2025

Transaction Type	Posted Date	Bill From Date	Bill To Date	Due Date	Creation Date	Tran Amount	Tax Amount	Penalty Amount	Penalty Forgiven	Total	Account Balance	Details	
Payment	08/04/2024				08/05/2024	150.27	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 160567	
	SVC	Amount	Tax	Bill Date	Due Date	Type							
	WA-0	49.88	0.00	06/25/2024	07/25/2024	CHARGE							
	WA-0	5.00	0.00	07/30/2024	07/30/2024	PENALTY							
	WA-0	95.39	0.00	07/25/2024	08/25/2024	CHARGE							
Penalty	07/30/2024				07/31/2024	0.00	0.00	5.00	0.00	5.00	150.27		
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
	WA-0	5.00	0.00	0	PENALTY								
Cycle Bill	07/25/2024	06/26/2024	07/25/2024	08/25/2024	07/26/2024	95.39	0.00	0.00	0.00	95.39	145.27	Run: 1781 / No: 2128	
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
	ZC-0	0.00	0.00	0	CHARGE	05/31/2024	07/01/2024	31	1,021	1,034	13	0	
	WA-0	95.39	0.00	0	CHARGE	05/31/2024	07/01/2024	31	1,021	1,034	13	0	
Cycle Bill	06/25/2024	05/26/2024	06/25/2024	07/25/2024	06/26/2024	49.88	0.00	0.00	0.00	49.88	49.88	Run: 1778 / No: 2127	
	SVC	Amount	Tax Amount	Tax Table	Type	Read From	Read To	Days	Prev Read	Curr Read	Cons'n	Demand	Description
	ZC-0	0.00	0.00	0	CHARGE	05/01/2024	05/31/2024	30	1,015	1,021	6	0	
	WA-0	49.88	0.00	0	CHARGE	05/01/2024	05/31/2024	30	1,015	1,021	6	0	
Payment	06/04/2024				06/05/2024	159.02	0.00	0.00	0.00	0.00	0.00	WEB PAY: Card: 2250 / Auth: 157158	
	SVC	Amount	Tax	Bill Date	Due Date	Type							
	WA-0	159.02	0.00	05/25/2024	06/25/2024	CHARGE							

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CITY OF CANON CITY  
Print Transaction History

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USER: KKWILLIAMS

Account Number: 7442 / Name: JEANNE A CANDA / Billing Address: 1227 Poplar Ave, Canon City, CO 81212-4413

Location Code: 772365 / Service Address: 1227 Poplar Ave, Canon City, CO 81212-4413

Transactions From: 06/01/2024 To: 07/04/2025

Metered Services Averages/Totals

SVC Code	SVC No	Total Usage	Total Charges	Average Usage	Average Charge	Total Demand	Average Demand	No Of Bills
WA	0	68	575.20	6	52.29	0	0	11
ZC	0	68	0.00	6	0.00	0	0	11

Payments: 679.38

## Chapter 4. DISTRICT REGULATIONS AND PRINCIPAL PERMITTED USES

### Section 4.01 RESIDENTIAL ONE (R1)

This district is established for residential, agricultural and accessory uses, together with limited business uses and community projects by permitting.

Minimum Lot Size/Area	Minimum Lot Width	Set Back Requirements Principal/Accessory			Max Building Height	Maximum Lot Coverage
		Front	Side	Rear		
15,000 sq. ft. with public water & sewer	100'	25'	10/5	20/5	35'	15%
1 acre with public water & OWTS			15' Adjacent to a street			
4.5 acres with well & OWTS			20' for livestock housing	20' for livestock housing		

Note: All setbacks adjacent to a State or Federal Highway shall be twenty-five feet (25').

#### (a) Allowed Uses

ALLOWED USES: SUBJECT TO ZONING COMPLIANCE, LIMITATIONS, AND PERMIT		
USE		CONDITIONS
<a href="#">ACCESSORY BUILDINGS &amp; USES</a>		
<a href="#">AGRICULTURE</a>		Including livestock, poultry, rabbits, and sale of agricultural and forestry products produced on the property, with adequate off-street parking for customers.
<a href="#">ANIMAL UNITS</a>		Refer to <a href="#">Section 3.13 FCZR</a>
<a href="#">DWELLING UNIT</a>		Single Family Manufactured Home Mobile Home Accessory Dwelling Unit – Refer to <a href="#">Section 5.02 (a) FCZR</a>
<a href="#">ELEMENTARY SCHOOL</a>		
<a href="#">GOLF COURSE</a>		
<a href="#">GROUP HOME</a>		

<a href="#">ORCHARD &amp; VINEYARD</a>		
<a href="#">HOME OCCUPATIONS</a>		Refer to <a href="#">Section 5.02 (c) FCZR</a> for additional development requirements.
<a href="#">PARK</a>		Mini
<a href="#">ROADSIDE STAND</a>		No agricultural products may be sold that are not produced on the premises
<a href="#">SCHOOLS</a>		Junior High, & High School

(b) Special Review Uses

USES SUBJECT TO ISSUANCE OF A SPECIAL REVIEW USE PERMIT		
USE		CONDITIONS
<a href="#">AGRITAINMENT</a>		
<a href="#">ASSISTED LIVING RESIDENCE</a>		
<a href="#">BED &amp; BREAKFAST</a>		
<a href="#">CEMETERY</a>		Must comply with all state requirements (25-2-111, C.R.S)
<a href="#">CHILDCARE CENTER</a>		
<a href="#">COMMUNITY BUILDING</a>		
<a href="#">CONTRACTOR'S YARD #1 &amp; #2</a>		Refer to <a href="#">Section 5.03 (a)</a> & <a href="#">8.01 (d)</a> of this Resolution for additional development requirements
<a href="#">FAMILY CHILDCARE HOME</a>		
<a href="#">FIRE, POLICE STATION, &amp; EMS FACILITIES</a>		Lot size may deviate from the minimum lot size development requirements for the zone district. Refer to <a href="#">Section 5.02(d)</a> of this Resolution.
<a href="#">HOSPITAL</a>		
<a href="#">NURSING HOME</a>		
<a href="#">PARK</a>		Neighborhood
<a href="#">PUBLIC UTILITY BUILDINGS, REGULATORS, &amp; SUBSTATIONS</a>		
<a href="#">RECREATIONAL FACILITY</a>		Urban
<a href="#">RELIGIOUS INSTITUTION</a>		
<a href="#">TOWER</a>		Exceeding 50' in height



**TEMPORARY USES:** Approval as stated below will be required for the following uses: Lots shall be 4 ½ acres or more.

Spectator events, athletic events, organized events, carnivals, circus, concerts, fairs, festivals, flea markets, public recreational events, tent meetings, wedding venues or other similar uses require the issuance of a temporary use permit by the Board.

A temporary use permit is not required for athletic events, carnivals, circus, concerts, fairs, flea markets, public recreational events, tent meetings, or other similar uses if the event is to be held at an established permanent stadium, athletic field, arena, auditorium, coliseum, fairground, or other similar permanent place of assembly, if such place or facility was constructed and approved for such events. Organized athletic events that do not require roadway closures are exempt.

If a temporary use permit is required refer to [Section 8.12 of FCZR](#).