

Land Use Change of Minor Impact

TOWN OF OAK CREEK

P.O. Box 128 • Oak Creek, Colorado 80467 • (970) 736-2422

Petitioner's/Representative's Name: ANTHONY FRANCIS

Signature of Petitioner/Representative: [Signature]

Petitioner's/Representative's E-Mail Address: ANT@FRANCISBROS.COM

Petitioner's/Representative's Mailing Address: PO BOX 234 OAK CREEK, CO 80467

Telephone: 973-919-2362 Fax: _____

Petition Request: Modification of LIQUOR LICENSE

Physical Address: 112 W MAIN ST OAK CREEK, CO 80467

Legal Description: LOTS 3-6 BLOCK 3 ORIGINAL TOWN OF OAK CREEK

Assessor's Parcel Identification No.: 144903003

Provide the following additional information:

☒ Written narrative (summary information explaining use, location, terrain, number and size of parcels, road conditions and dimensions, and any special features to the site.)

☒ Legal Description

☒ Physical Address

☒ Vicinity Map

☒ Site Map: Illustrating all structures and property lines to scale, both existing and proposed; abutting land owners and land uses, streets, highways, utilities that service the area and major physical features

☒ Building Plans including elevations

☒ Filing Fee \$ 50 (Base fee is designed to cover the minimum staff hours has to process the application. Additional hours on the project will be assessed at \$ Cost per hour.)

☒ The application fee must be paid in full to begin the application.

☒ Proof of ownership, lease/deed and/or statement of authority or other documentation regarding the use of the property. NO CHANGE OF LEASE

☐ Other _____

The Applicant, by his/her signature below, agrees that he/she understands that he/she will personally appear in front of the Oak Creek Planning Commission on the ____ day of _____, 20__ to present this application and receive a recommendation from the Oak Creek Planning Commission and will also be required to appear before the Oak Creek Town Board on the ____ day of _____, 20__ at their regularly scheduled meeting for a final determination, i.e., approval or denial, of this application.

Signature of Applicant/Applicant's Representative: _____

Date: _____

5/27/2022

Signature of Town Administrator/Clerk: _____

Application Received: _____

Date: _____

Application Deemed Complete: _____

Date: _____

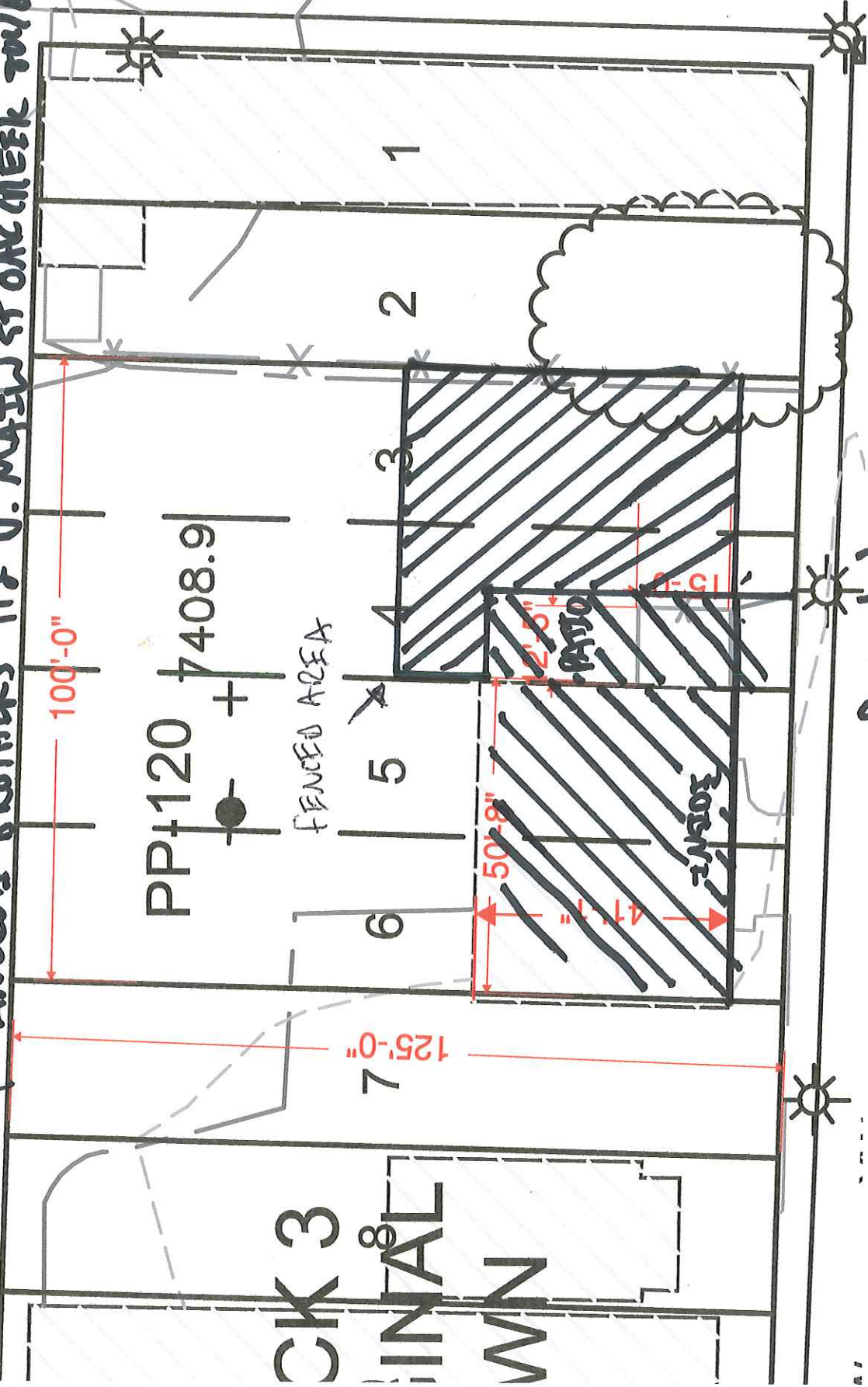
FRANCIOI BROTHERS 112 U. MATL ST OR MEER 20167

PP-112

740' + N. SHARP AVE

PP+120 7408.9

CK 3
INIAL
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Requested
Additional
License Area
FENCED AREA

Existing License