



Town of Mead

441 Third Street
P.O. Box 626
Mead, CO 80542

970-535-4477
www.townofmead.org

COMPREHENSIVE PLAN AMENDMENT CHECKLIST

Project Name _____

Project Address and Legal Description _____

Type of Amendment: Map Amendment Narrative Amendment

Date Submitted _____ Fee Submitted _____

Please provide the following with this checklist form:

1. Illustration of the map amendment or exact narrative amendment request.
2. Explanation in support of the proposed amendment to include (if applicable):
 - a. How the amendment guides and accomplishes a coordinated, adjusted, and harmonious development of the Town;
 - b. How the amendment promotes health, safety, order, convenience, prosperity or general welfare of the Town now or in the future;
 - c. How the amendment will provide efficiency and economy in the process of development, including, among other things, any of the following:
 - Provision for traffic
 - Promotion of safety from fire, flood waters, other polluting factors and other dangers
 - Adequate provision for light and air
 - Distribution of population
 - An appropriate mix of housing types
 - Promotion of good civic design and arrangement
 - Efficient expenditure of public funds

- Promotion of energy conservation
- Adequate provision of public utilities
- An error was made in the adoption of the plan
- Other public requirements
- How development factors have substantially changed in ways that support the amendment
- How the proposed amendment promotes the public good and is compliance with the overall purpose, intent, goals and policies of the Comprehensive Plan
- How the proposed amendment is compatible with existing and planned surrounding land uses
- How the proposed amendment shall not overburden existing or planned infrastructure systems or shall provide measures to mitigate such impacts
- How the proposed amendment shall satisfy any specific criteria related to the proposed change in land use, as set forth in the Comprehensive Plan

3. Land Use Application Form

Staff Use Only

Application Accepted Date _____ By _____

Fee Accepted Date _____ Amount _____ By _____

Application Determined Complete Date _____ By _____

Planning Commission Hearing Date _____

Board of Trustees Hearing Date _____