ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

				Date of Request: 1-19-12
Ple	ease mark one:	X Bill Request	or	☐ Resolution Request
1.	Has your agency submitted this request in the last 12 months?			
	Yes	X No		
	If yes, please	explain:		
2.		ates the type of request: grant o		lude <u>name of company or contractor</u> and <u>contract control number</u> ntract execution, amendment, municipal code change,
Th	is is a request for a to I-MX-8.	oill to approve a request to rezor	ne the property	located at 3350 Brighton Boulevard from R-MU-30 with waivers
		BRIGHT 33RD S' FT SE 10	FON BV 275FT F TH SE 182.05 64.05FT NE 127 W 125FT TO PO	389 BEG SE LINE NE OF NE LI FT SW 2.6 7.6FT NW
3.	Requesting Agend	cy: Community Planning and I	Development	
 4. 5. 	 Name: Deiro Phone: 720-6 Email: deiro Contact Person: (865-2950 lre.oss@denvergov.org	osed ordinanc	ce/resolution.) re/resolution who will present the item at Mayor-Council and who
	Name: DeiroPhone: 720-8	dre Oss	ecessar <u>y</u> .)	
6.	General descripti	on of proposed ordinance incl	luding contra	ct scope of work if applicable:
	on the propert		l building forn	story) has been proposed to refine the type of mixed-use district ns while at the same time permitting similar mixed-uses as apter 59.
	** Please complete enter N/A for that		ete fields may	result in a delay in processing. If a field is not applicable, please
	a. Contract	Control Number: NA		
	b. Duration	: NA		
	c. Location			
	d. Affected	Council District: District #	8	
	e. Benefits:	Updated zoning consistent	with city plans	;
	f. Costs:			
7.				ps or individuals who may have concerns about it?) Please g request submitted by Exempla Saint Joseph Hospital.
				or's Legislative Team:

SIRE Tracking Number:

Date Entered: