## 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:         | 1/12/15                     |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------|---------------|-------------------------|--------------------------|-----------------------------|--|
| Ple | Please mark one: X                                                                                                                                                                                                                                                                                 | Bill Request                                                  | or              | Resol         | ution Request           |                          |                             |  |
| 1.  | . Has your agency submi                                                                                                                                                                                                                                                                            | Has your agency submitted this request in the last 12 months? |                 |               |                         |                          |                             |  |
|     | ☐ Yes X                                                                                                                                                                                                                                                                                            | No                                                            |                 |               |                         |                          |                             |  |
|     | If yes, please explai                                                                                                                                                                                                                                                                              | n:                                                            |                 |               |                         |                          |                             |  |
| 2.  | <b>Title:</b> (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control num</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.) |                                                               |                 |               |                         |                          |                             |  |
|     | Official Map Ame                                                                                                                                                                                                                                                                                   | Official Map Amendment Application #2014I-00082               |                 |               |                         |                          |                             |  |
| 3.  | B. Requesting Agency: CF                                                                                                                                                                                                                                                                           | 'D                                                            |                 |               |                         |                          |                             |  |
| 4.  | Name: Tim Watkin Phone: 720-865-29 Email: tim.watkins                                                                                                                                                                                                                                              | ns<br>32                                                      | proposed        | ordinance/re  | solution.)              |                          |                             |  |
| 5.  | S. Contact Person: (With a will be available for first  Name: Tim Watkin Phone: 720-865-29 Email: tim.watkins                                                                                                                                                                                      | and second reading,<br>as<br>32                               |                 |               | olution <u>who will</u> | present the item at Mo   | <u>tyor-Council and who</u> |  |
| 6.  | 6. General description of                                                                                                                                                                                                                                                                          | proposed ordinance                                            | including       | g contract sc | ope of work if a        | pplicable:               |                             |  |
|     | Rezoning reques                                                                                                                                                                                                                                                                                    | st from E-CC-3 U                                              | U <b>O-1, U</b> | O-2 to I-A    | . UO-1, UO-2            |                          |                             |  |
|     | **Please complete the for enter N/A for that field.)                                                                                                                                                                                                                                               | ellowing fields: (Inco                                        | mplete fie      | elds may resu | lt in a delay in pr     | rocessing. If a field is | not applicable, please      |  |
|     | a. Contract Cont                                                                                                                                                                                                                                                                                   | rol Number: N/A                                               |                 |               |                         |                          |                             |  |
|     | <b>b. Duration:</b> N/                                                                                                                                                                                                                                                                             |                                                               |                 |               |                         |                          |                             |  |
|     |                                                                                                                                                                                                                                                                                                    | 10-1420 S. Santa Fe                                           | Dr.             |               |                         |                          |                             |  |
|     | d. Affected Counce. Benefits: New 2                                                                                                                                                                                                                                                                |                                                               | tent with       | adonted plans | s compatible wit        | h surrounding condition  | one and encourages          |  |
| ind | ndustrial uses such as mariju                                                                                                                                                                                                                                                                      |                                                               |                 |               |                         | in surrounding condition | ms and encourages           |  |
|     | f. Costs: N/A                                                                                                                                                                                                                                                                                      |                                                               |                 |               |                         |                          |                             |  |
| 7.  | 7. Is there any controvers explain.                                                                                                                                                                                                                                                                | y surrounding this o                                          | rdinance        | ? (Groups or  | individuals who         | may have concerns at     | bout it?) Please            |  |
|     | •                                                                                                                                                                                                                                                                                                  | have been received.                                           |                 |               |                         |                          |                             |  |
|     | •                                                                                                                                                                                                                                                                                                  |                                                               |                 |               |                         |                          |                             |  |
|     |                                                                                                                                                                                                                                                                                                    |                                                               | 00mm1-4         | 1 has M'      | I amialative Te         |                          |                             |  |
| CII | NIDE Total in Al 1                                                                                                                                                                                                                                                                                 | 10 De 0                                                       | сотрієїєй       | i by mayor s  | Legislative Team        |                          |                             |  |
| 211 | SIRE Tracking Number:                                                                                                                                                                                                                                                                              |                                                               |                 |               | Date Ent                | erea:                    |                             |  |