

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: Sept 3, 2014

Please mark one: ☒ Bill Request or ☐ Resolution Request

1. Has your agency submitted this request in the last 12 months?

☐ Yes ☒ No

If yes, please explain:

2. Title: *(Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)*

Legislative Map Amendment to rezone property from C-CCN, PUD, or C-MU-10 with waivers to proposed zoned districts C-CCN-4, C-CCN-5, C-CCN-7, C-CCN-8, or C-CCN-12.

3. Requesting Agency: Community Planning & Development and City Attorney's Office

4. Contact Person: *(With actual knowledge of proposed ordinance/resolution.) – Please include us both on all correspondence*

- **Name:** Kyle Dalton and Sarah Showalter
- **Phone:** 720-865-2972 (Kyle) and 720-865-2923 (Sarah)
- **Email:** kyle.dalton@denvergov.org and sarah.showalter@denvergov.org

5. Contact Person: *(With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) – Please include us both on all correspondence*

- **Name:** Kyle Dalton and Sarah Showalter
- **Phone:** 720-865-2972 (Kyle) and 720-865-2923 (Sarah)
- **Email:** kyle.dalton@denvergov.org and sarah.showalter@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

Legislative Text Amendment to the Denver Zoning Code to create new C-CCN Zone Districts.

*****Please complete the following fields:*** *(Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)*

- a. **Contract Control Number:** n/a
- b. **Duration:** n/a
- c. **Location:** Multiple properties in Cherry Creek North – please see attached map and legal description.
- d. **Affected Council District:** 10
- e. **Benefits:** n/a
- f. **Costs:** n/a

7. Is there any controversy surrounding this ordinance? *(Groups or individuals who may have concerns about it?)* **Please explain.** Not that we are aware of.

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: _____