



# COUNTY OF ELBERT

## COMMUNITY & DEVELOPMENT SERVICES

P.O. BOX 7  
215 COMANCHE STREET  
KIOWA, COLORADO 80117  
303-621-3136 FAX: 303-621-3165  
cde@elbertcounty-co.gov



### ADMINISTRATIVE VARIANCE CHECK LIST ZONING REGULATIONS Board of Adjustments

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Applications must include the following information:

Date Completed

- |  |       |
|--|-------|
| 1. Completed Application Form<br>(notarized and signed by all owners – 1 original & 2 copies)        | _____ |
| 2. Proof of Ownership<br>(Title Report and/or property deed)   | _____ |
| 3. Disclosure Letter (If applicable)<br>(notarized and signed by all owners – 1 original & 2 copies) | _____ |
| 4. Application Agreement Form (1 original & 2 copies)  | _____ |
| 5. Statement of Taxes (from the Treasurer's Office) (1 original & 2 copies)                          | _____ |
| 6. Application Fee Paid \$_____ (Amount)   | _____ |
| 7. Completed Narrative _____ (1 original & 2 copies)   | _____ |
| 8. Completed Site Plan Exhibit _____ (1 original & 2 copies)   | _____ |

**Action Date Set For:**

**15 days prior to the hearing date on:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

9. Certified mail notifying adjacent property owners

**5 business days prior to the hearing date:**

- |  |       |
|--|-------|
| 10. Supply to the Planning Department                    | _____ |
| A. A copy of the notice to adjacent property owners      | _____ |
| B. Alphabetical list and map of adjacent property owners | _____ |
| C. Certified mail receipts (white slips)                 | _____ |

**By the Hearing Date:**

11. Supply to the Planning Department
  - A. Green postal return receipts

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### ADMINISTRATIVE VARIANCE APPLICATION

Variance Number: AV-\_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS (If different from above):  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY (Attach additional sheet(s) if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXISTING ZONING ON PROPERTY: \_\_\_\_\_

EXISTING USES ON PROPERTY: \_\_\_\_\_

VARIANCE CONDITION/REQUEST (Brief written description required): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUESTED VARIANCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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I hereby acknowledge that I have been informed of the following:

- As part of the variance/administrative variance process, all work on the structure(s) involved must cease immediately. Failure to stop building will result in an automatic denial of the variance application.
- I understand that economic hardship is not a valid excuse to be granted a variance/administrative variance.

Signed & Acknowledged by (print, sign and date below).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

Applicant's Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

State of )  
County ) ss:

The above and foregoing instrument was subscribed and sworn to before me, in my presence, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_



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## APPLICATION AGREEMENT FORM

PROJECT NAME: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

The applicant agrees to pay for reasonable additional engineering and/or consultation when requested by the Community & Development Services Department, Planning Commission or Board of County Commissioners when, in their opinion, additional information, studies, or investigations are needed to help clarify the proposal made.

\_\_\_\_\_  
Applicant or Authorized Representative

\_\_\_\_\_  
Date



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### DISCLOSURE LETTER

PROJECT NAME: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

I/We, \_\_\_\_\_

do hereby acknowledge my/our full awareness of the application/request being presented to Elbert County by

\_\_\_\_\_ for the parcel of land indicated, and for the reason(s) noted on the completed application/request submittal.

I/We hereby acknowledge the person(s) noted is/are my/our authorized representative(s) in the matter.

I/We hereby grant permission for the Elbert County Community & Development Services Department, or any referral agency they require, to access the parcel of land indicated for reasons of reviewing and evaluating the land use application.

Signature(s):

\_\_\_\_\_

PRINT NAME AND COMPLETE ADDRESS OF PROPERTY OWNER(S) BELOW:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State of \_\_\_\_\_ )

) ss:

County \_\_\_\_\_ )

The above and foregoing instrument was subscribed and sworn to before me, in my presence, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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## STATEMENT OF TAXES

**DATE:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**PROJECT LOCATION:** \_\_\_\_\_

As part of the Land Use Application process, Elbert County Community and Development Services is requesting a Statement of Taxes from the Elbert County Treasurer's Office. This would need to reflect any account number that starts with "R", "M", "N", "P", "U", and "O".

**OWNER(S) ADDRESS:** \_\_\_\_\_

**OWNER(S) PRINTED NAME:** \_\_\_\_\_

**SIGNATURE(S):** \_\_\_\_\_