



COUNTY OF ELBERT

COMMUNITY & DEVELOPMENT SERVICES

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



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. | A. | Completed Application Form
(Notarized and signed by all owners – 1 original and 2 copies) | _____ |
| | B. | Completed Disclosure Form
(Notarized and signed by all owners – 1 original and 2 copies) | _____ |
| | C. | Completed Agreement Form (1 original and 2 copies) | _____ |
| 2. | | Proof of Ownership (Title Report and/or property deed) | _____ |
| 3. | | Application Fee Paid \$_____ (Amount) | _____ |
| 4. | | Completed Narrative _____ (1 original and 2 copies) | _____ |
| 5. | | Statement of Taxes (from the Treasurer's Office) (1 original and 2 copies) | _____ |
| 6. | | Completed Site Plan Exhibit _____ (1 original and 2 copies)
(Prepared per Regulations) | _____ |

Public hearing date set for BOA:

Date: _____
Time: _____

30 days prior to the hearing date:

- 7. Referral agencies notified _____
- 8. Notice of Public Hearing in Newspaper _____
- 9. Certified mail notifying adjacent property owners _____
- 10. Sign Posting on the property _____

24 days prior to hearing date:

- 11. Supply to the Planning Department
 - A. A copy of the notice to adjacent property owners _____
 - B. Alphabetical list of property owners _____
 - C. Certified mail receipts (white slips) _____
 - D. Map indicating location of adjacent land owners _____
 - E. Notarized affidavit verifying sign posting _____
 - F. Photograph of the posted sign _____

By the Action Date:

- 12. Supply to the Planning Department:
 - A. Green postal return receipts _____
 - B. Publisher's affidavit _____



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VARIANCE APPLICATION

Variance Number: VAR _____

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(s): _____

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(s) _____
Date

Print Name(s)

Address

Address

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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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____.

(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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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): _____