



**TOWN OF DEBEQUE  
APPLICATION FOR ZONING VARIANCE  
Land Use Regulations - Chapter 14.03 Section 14.03.110  
& Chapter 14.06**

**Important - Please Read the Following Information Carefully**

Applicants are encouraged to prepare a separate project narrative to accompany all submitted materials. This narrative should be organized and include a table of contents, page numbers and similar information to facilitate review by town staff and elected/appointed commissions. If a separate narrative is submitted, this application form shall reference the narrative as necessary.

*It is the applicant's responsibility to obtain, read and understand all of the relevant sections of the DeBeque Municipal Code applicable to this procedure. Please keep in mind that more than one section of the code may apply to your application. These regulations are available through the Town of DeBeque municipal offices or on-line <http://debeque.org/> . If you do not understand portions of the Code concerning your application, please ask questions. Failure to complete the application, submit **all** of the required materials or answer questions completely and accurately may result in a delay and processing or a rejection of the application as incomplete. All fees must be paid in full at the time of application. Public meetings or public hearings will **not** be scheduled for an application until it is deemed complete by the Town. Each applicant should take the time necessary to submit a complete and comprehensive application. Town staff is available to direct the applicant to appropriate sources of information. **A complete application shall be submitted at least twenty-one days prior to a regularly scheduled meeting of the Planning Commission (sitting as the Board of Adjustment).***

**APPLICANT**

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

Name: \_\_\_\_\_ Owner  $\frac{2}{3}$  Agent  $\frac{2}{3}$

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

Mailing Address for Notices, if different from above: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROPERTY SUBJECT TO APPLICATION**

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

Practical Property Description: \_\_\_\_\_

Legal Description (may attach): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Acreage or Square Feet of Parcel \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

Surrounding Zoning – North: \_\_\_\_\_, South: \_\_\_\_\_, East: \_\_\_\_\_, West: \_\_\_\_\_

**PROOF OF OWNESHIP**

Deed

Attorney's Verification

Title Policy

Other \_\_\_\_\_

“Where by reason of exceptional narrowness, shallowness or shape of a specific piece of property at the time of enactment of this Title, or by reason of exceptional topographic condition or other extraordinary and exceptional situation or condition of such piece of property, the strict application of any regulation enacted under this Title would result in peculiar and exceptional practical difficulties to, or exceptional and undue hardship upon the owners of such property, the Planning Commission may authorize, upon a request relating to the property, a variance from the strict application of these Regulations so as to relieve such difficulties or hardship...”

Describe the nature of the requested variance **AND** attach a property or improvements survey and/or other scaled drawing(s) showing existing property boundaries, setbacks, or, as applicable, building elevations with building height(s), overhangs, building footprint and/or other information adequate to show the variance requested:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present Use of Subject Property:  
\_\_\_\_\_

Uses Surrounding Subject Parcel - North:  
\_\_\_\_\_

\_\_\_\_\_ South:\_  
\_\_\_\_\_

\_\_\_\_\_ East:\_  
\_\_\_\_\_

\_\_\_\_\_ West:\_  
\_\_\_\_\_

Property owner(s) if different from applicant:

<input type="checkbox"/> Name	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Telephone
<input type="checkbox"/> 1.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3.	<input type="checkbox"/>	<input type="checkbox"/>

- Attach additional sheets if necessary.
- Current list of adjoining and abutting property owners to the subject parcel obtained from the Mesa County Assessor's Office.

<input type="checkbox"/> Name	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Telephone
<input type="checkbox"/> 1.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10.	<input type="checkbox"/>	<input type="checkbox"/>

- Attach additional sheets if necessary.
- The Application Shall Completely Address each of the Following Items (Attach additional sheets if necessary):**
- Explain how and why such relief should be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of the DeBeque Comprehensive Plan or Title 14 (Use additional sheets if necessary)

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- $\frac{3}{4}$  Complete,  $\frac{1}{4}$  Incomplete – Comments:  
\_\_\_\_\_
- Describe the exceptional conditions creating an undue hardship are applicable **only** to the property involved or the intended use thereof and which does not apply generally to the other land areas or uses within the same zone district, **and such exceptional conditions or undue hardship WAS NOT created by the action or inaction of the applicant or appellant or owner of the property** (Use additional sheets if necessary).
- \_\_\_\_\_  
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$\frac{3}{4}$  Complete,  $\frac{1}{4}$  Incomplete – Comments:

\_\_\_\_\_

Explain how granting of the variance will not be detrimental to the public health, safety or welfare (Use additional sheets if necessary).

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

$\frac{3}{4}$  Complete,  $\frac{1}{4}$  Incomplete – Comments:

\_\_\_\_\_

Describe how applicant and/or the owner of the property cannot reasonably use the property without a variance (Use additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

$\frac{3}{4}$  Complete,  $\frac{1}{4}$  Incomplete – Comments:

\_\_\_\_\_

Explain why and how the variance will not be injurious to, or reduce the value of, the adjacent properties or improvements (Use additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

$\frac{3}{4}$  Complete,  $\frac{1}{4}$  Incomplete – Comments:

\_\_\_\_\_

How is the variance, if granted, the minimum necessary to alleviate such practical difficulties or undue hardship upon the owner of the property (Use additional sheets if necessary)?

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<sup>3</sup> Complete, <sup>3</sup> Incomplete – Comments:

\_\_\_\_\_

**Please note that in granting a variance, the Planning Commission may impose conditions deemed necessary to protect affected property owners and to protect the intent of this Title.**

All information set forth above is true and accurate to the best of my information, knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Additional Applicant Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**For Town Use Only**

**Application Checklist**

- Application deemed complete      Date: \_\_\_\_\_      By: \_\_\_\_\_
- Vicinity map (3 copies)
- Site plan drawn to scale showing detail of proposed variance, access, layout, setbacks, etc. (3 copies)
- As Applicable, building elevations drawn to scale showing details of proposed variance, etc. (3 copies)
- Proof of ownership (deed) for subject property.
- Written authorization from property owner(s) authorizing agent to act on their behalf (if applicable)
- List of persons entitled to receive notice of application (including name & mailing address)
- Envelopes (stamped and addressed) for persons entitled to receive notice.
- Fee
- Other \_\_\_\_\_
- Comments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Board of Adjustment Public Hearing Date: \_\_\_\_\_
- Date of Board of Adjustment Decision: \_\_\_\_\_
- Newspaper Notice Publication Date (not less than 15 days prior to hearing):  
\_\_\_\_\_
- Date Notice Posted on Property (not less than 10 days before the public hearing):  
\_\_\_\_\_

<b>For Town Use Only</b>
Date App. Received: _____
Fee \$: _____
Deposit Paid \$: _____
Application Received by: _____

- Date of individual written notice mailed by first-class mail to all owners of property abutting the parcel disregarding intervening public streets or other public rights-of-way (not less than 10 days before the hearing) or date of hand delivery (not less than 5 days prior to the hearing):  
\_\_\_\_\_
- \_\_\_\_\_