

Custer County, Colorado Planning and Zoning Office Westcliffe, CO 81252

Request for Overheight Variance

Requires action by the Board of Zoning Adjustment

Submit this completed application and all attachments with the appropriate application fee at least thirty (30) days prior to the meeting you wish to have your request scheduled. The application will not be accepted unless complete, including fee and attachments. Fee is non-refundable.

Any correspondence and/or documents submitted concerning this application are public record. Land Owner of record: _____ All land owners must be listed on this application. TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK Mailing Address: City: _____ State: ____ Zip: ____ Telephone Home: (_______ Business: (______) Cell: (_______ e-mail: ______ Applicant: ______(If different than above) Mailing Address: City: _____ State: ____ Zip: ____ Telephone Home: () Business: () Cell: (_______ e-mail: ______ Tax schedule number for the property: _______(Assigned by the County Assessor's Office - Shown on the Tax Bills) Legal description of the property: Property Address: _____ Size of property:

Applicant's statement: Briefly explain your request and the reasons for it. (This statement will be used in letters to adjoining property owners and other interested parties.)			
Dista	nce from <i>high</i> point of finished grade to <i>high</i> point of building: ft in.		
Amou	int of variance requested:ft in.		
Additi	onal documentation as checked below:		
	Plot plan drawn to scale, or survey of property. (This must include existing structures,		
	uses of structures, wells, and septic systems; their distances from property lines; and access to the property. Also include all future structures planned for your property.)		
	Name and address of current lien holder Letter of compliance from HOA/POA		
	Owners and Encumbrances (O&E) Report or recent Title Report		
	Requirements from the appropriate special district(s) Building height benchmark		
	Elevation drawing showing structure with height from finish grade		
	Authority to act if the applicant cannot attend the meeting and/or the site tour.		
	I,, authorizeto make binding commitments on my behalf.		
	to make binding commitments on my behalf.		
	X		
	X		

I understand that:

- members of the Board of Zoning Adjustment and Planning and Zoning Office staff may visit the property which is the subject of this application.
- ❖ I, or my authorized representative, will be present to explain the request and I must clearly mark the locations in question on my property.
- the fact I have made this request does not relieve me of the obligation of applying for, and having been granted, a zoning and septic permit as required by the County before proceeding with construction of a building or installation of a septic facility of any kind.
- ❖ if this variance is approved, I will have two (2) years from the date the variance is issued to act upon it by purchasing the zoning permit for this structure and beginning construction. If this variance is not acted upon within the time limit, the variance automatically expires.

I acknowledge that I am responsible for complying with the Custer County Zoning Resolution. I have read and understand the above, and the information I have provided is complete and accurate to the best of my knowledge.

Signature of Landowner	Date	
Signature of Applicant, if different	 Date	

Make check payable to Custer County and return check and permit form to:

Custer County Planning and Zoning
P. O. Box 203
Westcliffe, CO 81252
(719) 783-2669
Planning_zoning@CusterCountyGov.com
CusterCountyGov.com