

APPLICATION FOR VARIANCE

CHEYENNE COUNTY

STATE OF COLORADO

Number: _____

Fee: _____

Date: _____

Submitted By: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Which requirements of the Zoning Resolution prevent the proposed use or construction:

Which are the characteristics of your property which prevent compliance with said requirements of the Zoning Resolution:

Which of the minimum requirements of the Zoning Resolution would have to be reduced to permit your proposed use or construction:

By how much would such requirements need to be reduced:

What hardships would result if the requirements were left as they now appear in the Zoning Resolution:

Other Information (if appropriate):

Public Hearing Date: _____

(Completed by County)

Planning and Zoning Board's Comments and Recommendations:

Comments (if any):

Decision:

_____ Approval

_____ Denial

Variance Approval Requirements (if any):

Variance Approval Reasons (if any):

By: _____ Date: _____
Chairman of the Board