

Pueblo West Committee of Architecture
Variance and Hearing Request Application

Tract: _____ Block: _____ Lot: _____

Lot Owner: _____

Property Address: _____ Pueblo West, CO 81007

Mailing Address (if different from above): _____

Email Address: _____ Phone Number: _____

This application is for a variance and deviation from those certain restrictions imposed by the Recorded *Declaration of Reservations* for the above referenced real property. I (We) request a variance which may constitute a technical violation(s) of said Recorded *Declaration of Reservations* in the following particulars.

Please state as precisely as possible, what the deviation(s) are below:

Why are you requesting this variance? Below, State exactly the reasons why you cannot meet compliance with the recorded *declaration of reservations*:

Note: Please provide all specific details of your requested variance, i.e. photographs of lot, buildings, drawings, elevation(s) if applicable, as the Committee's findings and decision will be based on and subject solely to the above information. Attach additional sheets, if necessary. This side of this application and any supporting materials will be sent to neighboring property owners for comment.

To aid in the hearing process, the applicant or representative of the applicant must attend the hearing.

I (We) hereby submit the nonrefundable application fee in the amount of **three hundred and fifty dollars (\$350)**, together with plans and specifications of proposed construction (if applicable), and request your consideration of this application to be held no earlier than the next ten (10) business days following the date of receipt of this Application/Request and payment. (We) understand that the Committee of Architecture has a maximum of five (5) calendar days following the date of hearing within which to make a decision on the above Variance request.

Note: Application does not guarantee approval. Each variance is decided on its merit.

Owner Signature (Owner's Agent) _____ **Date:** _____

Contractor Signature _____

Internal Use:

Date Received: _____ *Payment:* _____