



P.O. Box 5800
Mt Crested Butte, CO 81225
(970) 349-6632 Fax: (970) 349-6326

Variance Application

1. Applicant Name: _____
Address: _____
Phone Number: _____
Email: _____

2. Legal Description of Property Owned By Applicant:

3. A statement of the precise nature of the variance requested, regulations involved, and the practical difficulty inconsistent with the objections of the zoning or sign ordinance.

4. Attached as Exhibit "A" hereto is a detailed site plan showing existing and proposed features on the site, site boundaries, required setbacks, building locations and heights, topography and physical features and similar data.

5. Attorney or representative, if any:

Name: _____
Address: _____
Phone Number: _____
Email: _____



6. Engineer, if any:

Name: _____

Address: _____

Phone Number: _____

Email: _____

7. Fee - \$500 payable to Town of Mt. Crested Butte. \$50 for sign variances.

8. Other Information:

Respectfully Submitted this _____ day of _____, 20 _____.

Signature of the Applicant or Agent:

Report on public hearing, deliberation and findings of Mt. Crested Butte Planning Commission:

Denied: _____ Date: _____

Approved: _____ Date: _____

Approved with conditions as follows:

Action by Town Council of Mt. Crested Butte, Colorado:

Denied: _____ Date: _____

Approved: _____ Date: _____

Approved with conditions as follows: