



VARIANCE APPLICATION

TOWN OF MINTURN PLANNING AND ZONING DEPARTMENT
302 Pine Street – PO Box 309
Minturn, CO 81645
(p) 970-827-5645
(f) 970-827-5545

Applicant: _____	Address of: _____ Requested Variance
Signature: _____	
Property Owner (if different from applicant): (name) _____ (an affidavit of authorization must be included) (signature) _____	

Please respond to the following questions regarding the variance request (attach additional sheets if necessary)

Please describe the nature of the requested variance: _____

Are there exceptional or extraordinary circumstances or conditions applicable to the site of the variance that do not apply generally to other properties in the same zone? (if yes, please elaborate) _____

Do the exceptional or extraordinary circumstances of the site create a situation in which the strict, literal interpretation and enforcement of the specified regulation result in practical difficulty or unnecessary physical hardship inconsistent with the objectives of the zoning code? (if yes, please elaborate) _____

The Planning Commission and Town Council are required to make the following findings before granting a variance:

1. There are exceptional or extraordinary circumstances or conditions applicable to the site of the variance that do not apply generally to other properties in the same zone;
2. The exceptional or extraordinary circumstances of the site create a situation in which the strict, literal interpretation and enforcement of the specified regulation would result in practical difficulty or unnecessary physical hardship inconsistent with the objectives of the zoning code;
3. That the granting of the variance will not be detrimental to the public health, safety or welfare or materially injurious to properties or improvements in the vicinity and will not result in substantial impairment to the purposes of the zoning code;
4. There is no substantial impairment to the public that would result from the granting of the variance

_____ Town Use Only _____

Date received _____	Planner _____
Fee Paid _____	Signature _____