



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

Request for Waiver of Subdivision Regulations

Requires action by the Planning Commission and the Board of County Commissioners

Submit this completed application and all attachments with the appropriate fee at least 30 days prior to the meeting you wish to have your request scheduled. The application will not be accepted unless complete, including fees and attachments. Application fee is non-refundable. There may be additional fees for professional services and postage.

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 from 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: _____

Zone: _____

Applicant's statement: Briefly explain your waiver request and the reasons for it. (This statement will be used in letters to adjoining property owners and other interested parties.)

Additional 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.)
- Owners and Encumbrances (O&E) Report or recent Title Report
- Authority to act *if the applicant cannot attend the meeting and/or the site tour.*

I, _____, authorize _____
to make binding commitments on my behalf.

Well information:

Type of well(s): _____

Well permit number(s): _____

I understand that:

- members of the Planning Commission and the 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/or septic permit, as required by Custer County, before proceeding with construction of a building or installation of a septic facility of any kind.

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
Elizabeth@CusterCountyGov.com
CusterCountyGov.com