



Development Services  
100 N. Wilcox Street  
Castle Rock, CO 80104  
720-733-2200 FAX 720-733-2231

NO. \_\_\_\_\_

DATE \_\_\_\_\_

## TECHNICAL CRITERIA VARIANCE APPLICATION

DEVELOPMENT \_\_\_\_\_  
\_\_\_\_\_

LEGAL DESCRIPTION OF SUBJECT PROPERTY  
\_\_\_\_\_  
\_\_\_\_\_

VARIANCE REQUESTED:

Code Section(s) \_\_\_\_\_  
\_\_\_\_\_

Describe the Variance Requested  
\_\_\_\_\_  
\_\_\_\_\_

1. Describe the exceptional situation or condition that exists  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the difficulty or hardship that would be created by a strict enforcement of the code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe why there would not be any adverse impact on public health, safety and welfare  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

1. Attach an improvement survey.
2. Attach a drawing showing the intended uses.
3. Provide any other information helpful to discussion.

PROPERTY OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

APPLICANT'S REPRESENTATIVE (If applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**For Staff Use Only**

Staff Recommendation: Approved  Yes  No

\_\_\_\_\_  
Signature

- Public Works Director
- Director of Castle Rock Water
- Parks & Recreation Director
- Development Services Director

\_\_\_\_\_  
Date

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions of Acceptance

\_\_\_\_\_  
\_\_\_\_\_