

OFFICE USE ONLY  
Received \_\_\_\_\_  
Pre-Hearing \_\_\_\_\_  
Public Hearing \_\_\_\_\_  
Expiration \_\_\_\_\_

## City of Cherry Hills Village Application for Variance

Today's Date: \_\_\_\_\_

<b>Applicant Information</b>	
Name _____	
Phone _____	Fax _____
Email _____	
Mailing Address _____	
_____	

<b>Property Information</b>	
Address _____	
Legal Description of Property _____	
_____	
Zoning Classification _____	Gross Area of Property _____
Ordinance Section that Variance is Requested From _____	
_____	
Property Owner _____	

<b>Variance Request</b> (State Specific Amount of Variance if Applicable)
_____
_____
_____
_____
_____

**\*Provide a separate letter detailing how the request meets each of the variance review criteria outlined in Section 16-3-50(b)(1-9) of the Municipal Code.\***

\_\_\_\_\_  
Property Owner Signature and Date