Archuleta County
Planning Department

Project #:_____

PO Box 1507
Pagosa Springs, CO 81147
(970) 731-3877
www.archuletacounty.org

Variance Application

Applicant/Owner(s):
Name:_____
Mailing address:_____
_____
_____
_____
Phone:_____
Fax:_____
E-mail:_____

Applicant/Owner or Designated Agent**:
Name:_____
Mailing address:_____
_____
_____
_____
Phone:_____
Fax:_____
E-mail:_____
**Statement of Agent must accompany application

Property Information:
Township____Range____Section____1/4Sect___
Assessor Parcel Number _ _ _ _ _ _ _ _ _ _ _ _
Street Address: (if applicable)_____
_____
_____
Subdivision:_____
Unit: _____ Block:_____ Lot:_____

Total acreage:

Zoning Information
Current Zoning:_____
Proposed Use: _____
Use Description**:** _____
_____
_____
_____
Check One: Sketch Plan ____
Preliminary Plat ____
Final Plat

Review of Land Use Regulations: *Initial boxes to indicate understanding and compliance.*

☐ I understand that the above application has excerpts from the Land Use Regulations and that it is my responsibility to fully review the Land Use Regulations to be certain that I have addressed all issues and requirements of the Regulations.

Right of Ingress

☐ I hereby grant authorized county personnel the right of ingress and egress from said lands for any and all inspection purposes necessary to the exercises of

Person who holds the recorded Warranty Deed:

Printed name:_____

Signature:_____ Date:_____