

# TOWN COUNCIL WAIVER TECH FORM

<b>Project Name:</b> _____
_____
_____

*Applications for a Waiver to Land Use Code requirements are intended to be submitted in conjunction with another Land Use Application Type. You may use one Land Use Application Form by indicating application is also made for a Waiver and submitting all appropriate Technical Criteria Forms and documents.*

APP.	TOWN
<input type="checkbox"/> <b>Explanation Letter</b> Identify the waiver being requested and explain what exceptional condition, practical difficulty, or unnecessary hardship exists to require the waiver. Also address how the waiver, if granted, will not be detrimental to the public good, create a conflict with the Town Comprehensive Plan or impair the intent and purpose of the Town of Timnath Land Use Code.	<input type="checkbox"/>
<input type="checkbox"/> <b>Other Land Use Application Type and Number Being Submitted</b> _____	<input type="checkbox"/>

**Submit document above with a copy of this form and a completed Land Use Application.**

**Date Submitted to Town:** \_\_\_\_\_

<input type="checkbox"/> <b>Application Certification of Completion</b> Town must certify application is complete and in compliance with all submittal requirements OR reject it as incomplete and notify Applicant of any deficiencies. If <b>rejected</b> , Staff must prepare a report identifying any issues of concern that must be addressed and forward it to the Applicant. All documents requiring a signature must be signed in <b>BLUE INK</b> .	<input type="checkbox"/>
<input type="checkbox"/> <b>Address Staff Comments (Submit to Town Clerk)</b> _ Letter explaining how all the comments have been addressed .....	<input type="checkbox"/>

### TOWN CERTIFICATION OF COMPLETED APPLICATION

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> <b>Town Council Review and Action</b> The Council may grant the waiver or deny the application based on the review criteria (LUC 16-3-9.G). The condition of any waiver authorized must be stated in writing in the minutes of the Council with the justifications set forth.  Decision: _____ Date: _____	<input type="checkbox"/>
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Planning Department  
970-224-3211

# LAND USE APPLICATION

<b>Project Name:</b>

## I. Application is made for:

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Plat \$50                    | <input type="checkbox"/> Planned Development Overlay \$500                  |
| <input type="checkbox"/> Administrative Waiver \$100                 | <input type="checkbox"/> Preliminary Plat \$500 + \$10 per lot over 25 lots |
| <input type="checkbox"/> Annexation Application \$500 + 150 per acre | <input type="checkbox"/> Rezoning \$500                                     |
| <input type="checkbox"/> Annexation Petition \$500 + \$300 per acre  | <input type="checkbox"/> Sketch Plan \$250                                  |
| <input type="checkbox"/> Comprehensive Plan Amendment \$250          | <input type="checkbox"/> Site Plan \$500                                    |
| <input type="checkbox"/> Conditional Use \$100                       | <input type="checkbox"/> Variance \$50                                      |
| <input type="checkbox"/> Final Plat \$500                            | <input type="checkbox"/> Wireless Telecom Facility \$250                    |
| <input type="checkbox"/> Minor Subdivision \$100                     | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Modification to Prior Approval \$250        |   |

## II. Project Name: \_\_\_\_\_

- Signed Fee Agreement; New Agreement Amount: \$ \_\_\_\_\_ or Use Existing

## III. Contact information: *(please attach any additional contacts)*

Owner: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____
Applicant: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____

## IV. Property Description:

Address or Location: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

## V. Purpose of Application: *(please attach any additional information)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Planning Department  
970-224-3211

# LAND USE APPLICATION

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

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**VI. Certification:** *Must be signed with **BLUE INK**.*

**OWNER CERTIFICATION OF COMPLETED APPLICATION**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICANT CERTIFICATION OF COMPLETED APPLICATION**

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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