CITY AND COUNTY OF DENVER - BOARD OF ADJUSTMENT FOR ZONING APPEALS
201 WEST COLFAX AVENUE, DEPT. 201, DENVER, COLORADO 80202
PHONE 720-913-3050 FAX 720-913- 3051 EMAIL boacontact@denvergov.org
Information also available at www.denvergov.org/boa

STANDARD ZONING APPEAL APPLICATION

PLEASE FILL OUT THE HIGHLIGHTED AREAS BELOW

Order Date:_____ **Denial Date:**_____

Premises:_____

Legal Description: (FILLED OUT BY BOARD STAFF)

Applicant(s):_____

_____
NAMES OF ALL LANDOWNERS

Address:_____

City:_____ **State:**_____ **Zip:**_____

Home Phone: _____

Cell Phone:_____

Work Phone: _____

EMAIL ADDRESS:_____

Filed By (If other than the Applicant/Landowner):
Name: _____

_____

OFFICE USE ONLY
Case No.: _____ **Date Filed:** _____

Hearing Date: _____

Time: _____ **O'clock** ___**.M.**

Wellington E. Webb Municipal Office Building
Room 2.H.14

Pick up Sign Week of: _____

Post Sign, Saturday:_____

Filing Fee
Amount: $_____ **Category:** _____

Receipt No.: _____**Date:** _____

Registered Neighborhood Organization No(s):

_____

_____

City Councilperson: _____

Address:_____ **Home Phone:**_____

City:_____ **State**:_____ **Zip:** _____ **Cell Phone:**_____

Work Phone:_____ **EMAIL ADDRESS:**_____

APPLICANT STATEMENT: Specify the grounds upon which you are entitled to relief.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(CONTINUE ON OTHER SIDE OR ATTACH STATEMENT)

Choose one option below

I authorize minor grammatical and editorial corrections in the above statement.

Signed: _____
___Owner ___Atty ___Agent ___Tenant ___Other

_____
Name and Date-

I do not authorize any changes in my statement.

_____
Name and Date-