

CITY AND COUNTY OF DENVER - BOARD OF ADJUSTMENT FOR ZONING APPEALS
201 WEST COLFAX AVENUE, DEPT. 201
DENVER, COLORADO 80202 - PHONE 720-913-3050

ZONING APPEAL APPLICATION FOR ADMINISTRATIVE REVIEW BY AN AGGRIEVED PARTY OTHER THAN THE OWNER, OWNER'S TENANT OR TENANT OF THE PREMISES IN QUESTION (e.g. NEIGHBOR)

PLEASE FILL OUT THE AREA BELOW.

Date Filed: _____ Date of Action Appealed: _____

Premises: _____

Legal Description: (FILLED OUT BY BOARD STAFF)

Appellant(s): _____

INDIVIDUALS INITIATING APPEAL

Address: _____

Zip: _____ Telephone: _____
HOME

WORK CELL

EMAIL ADDRESS: _____

Landowner(s): _____

OWNER(S) OF PROPERTY ON APPEAL

Address: _____

Zip: _____ Telephone: _____
HOME

WORK CELL

EMAIL ADDRESS: _____

Tenants(s): _____

IF APPLICABLE

Address: _____ Zip: _____ Telephone: _____
HOME

WORK CELL

OFFICE USE ONLY

Case No. _____ Date Filed: _____

Hearing Date: _____

Time: _____ O'clock A.M.

Wellington E. Webb Municipal Office Building
201 West Colfax Avenue, 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: _____

APPLICANT STATEMENT: **SPECIFY THE BASIS ON WHICH YOU BELIEVE THE ZONING ADMINISTRATOR ERRED (STATEMENT MAY BE ATTACHED)**

(CONTINUE ON OTHER SIDE)

Signed: _____

Owner Attorney Agent Tenant Other
(Circle One)

Print Name: _____

CHOOSE ONE: I authorize minor grammatical and editorial changes in the above statement.

I do not authorize any changed in my statement.

Initials and Date _____

Initials and Date _____