



**COMMITTEE  
OF  
ARCHITECTURE**

OFFICE:  
109 EAST INDUSTRIAL BLVD.  
POST OFFICE BOX 7005  
PUEBLO WEST, COLORADO 81007  
719-547-9661 • FAX 719-547-1048

**APPLICATION for VARIANCE and HEARING REQUEST**

for: TRACT \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_

LOT OWNER \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
PUEBLO WEST, CO 81007

This application is for a variance and deviation from those certain restrictions imposed by the Recorded *Declaration of Reservations* for the above referenced real property. I (We) request a variance which may constitute a technical violation(s) of said Recorded *Declaration of Reservations* in the following particulars.

PLEASE STATE PRECISELY AS POSSIBLE, WHAT THE DEVIATION(S) ARE BELOW:

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Why are you requesting this variance? BELOW, STATE EXACTLY THE REASONS WHY YOU CANNOT MEET COMPLIANCE WITH THE RECORDED *DECLARATION of RESERVATIONS*:

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*Note: Please provide all specific details of your requested variance, i.e. photographs of lot, buildings, drawings, elevation(s) if applicable, as the Committee's findings and decision will be based on and subject solely to the above information. Attach additional sheets, if necessary. This side of this application and any supporting materials will be sent to neighboring property owners for comment. To aid the hearing process, the applicant or representative of applicant must attend the hearing.*

I (We) hereby submit the nonrefundable application fee in the amount of **two hundred fifty dollars (\$250)** together with plans and specifications of proposed construction (if applicable), and request your consideration of this application to be held no earlier than the next ten (10) business days following the date of receipt of this Application/Request and payment. I (We) understand that the Committee of Architecture has a maximum of five (5) calendar days following the date of the hearing within which to make a decision on the above Variance request.

**Note: Application does not guarantee approval. Each variance is decided on its merit.**

\_\_\_\_\_  
Owner (Owner's Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor

Mailing Address (if different from the property address) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Received this \_\_\_\_\_ day of \_\_\_\_\_

By: \_\_\_\_\_

Agent for Pueblo West Committee of Architecture

<b>For Office Use Only</b>	
Payment Amount	_____
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check No.	_____
Date Paid	_____
Received By	_____