



APPLICATION for a VARIANCE for an ON-SITE WASTEWATER TREATMENT SYSTEM

(Application materials may be submitted electronically to EHWater@tchd.org)

A technical justification from a Professional Engineer or Professional Geologist shall be included with this application.

A statement of the hardship that creates the need for the variance shall be included with this application.

Application Date: _____

ADDRESS OF PROPERTY

Street Address: _____ Unit Type / Number: _____

City: _____ State: _____ Zip: _____

County: Adams Arapahoe Douglas

Lot Size (in Acres): _____

Assessor's Office Parcel Number (APN):

_____ Legal Description (if no street address):

1/4 Sec _____ 1/4 Sec _____ Section _____ Township _____ Range _____ Lot _____ Block _____

Subdivision Name: _____

Filing (if applicable):

<u>Property Owner</u>
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone1: _____
Phone2: _____
E-mail: _____

<u>Applicant</u> <input type="checkbox"/> Same as Property Owner
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone1: _____
Phone2: _____
E-mail: _____



REASON FOR REQUEST (Explain why the variance is necessary)

APPLICANT'S SIGNATURE

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

For Tri-County Internal Use: NOTE - FEE IS \$130.00

Permit Fee Paid by: Property Owner Applicant Other: _____

Date Paid: _____ Received By: _____

Payment Type: Cash Check (# _____) Charge

Amount Paid \$ _____

Aurora East Office
15400 E. 14th Place, Ste 115
Aurora, CO 80011
303-341-9370

Castle Rock Office
410 S. Wilcox Street
Castle Rock, CO 80104
303-663-7650

Commerce City Office
4201 E. 72nd Avenue, Ste D
Commerce City, CO 80022
303-288-6816

Administration Office
6162 S. Willow Drive, Ste 100
Greenwood Village, CO 80111
720-200-1670