

DEPARTMENT OF PLANNING SERVICES

124 10th STREET

P.O. BOX 775088

STEAMBOAT SPRINGS, COLORADO 80477

(970) 879-2060

Website: <http://www.steamboat-springs.net>

Email: jdunham@steamboat-springs.net

Legal Nonconforming Registration Form

This registration form will not be accepted until all required information is submitted.

A. PROPERTY OWNER INFORMATION:

Name: _____ Date: _____

Phone: _____ Fax: _____

Mailing Address: _____

Physical Address of Nonconforming Structure, Use or Lot: _____

Zoning: _____

Lot Size in Acres/Square Feet: _____

B. SUPPORTING DOCUMENTATION (All information must accompany this application.):

- Proof that use and/or structure existed lawfully prior to September 19, 2001.
- If nonconformity is a structure, a survey of property. An ILC is not acceptable.
- Photograph of existing nonconformity.

C. DESCRIPTION OF NONCONFORMITY (Please complete the applicable table and attach additional sheets if necessary.):

Setback Encroachment – Structure 1

DATE NONCONFORMITY WAS CONSTRUCTED	LOCATION OF ENCROACHMENT	ZONE DISTRICT REQUIRED SETBACK	AMOUNT IN FEET OF ENCROACHMENT
	Front		
	Side (indicate if east, west, north or south side)		
	Rear		

Setback Encroachment – Structure 2

DATE NONCONFORMITY WAS CONSTRUCTED	LOCATION OF ENCROACHMENT	ZONE DISTRICT REQUIRED SETBACK	AMOUNT IN FEET OF ENCROACHMENT
	Front		
	Side (indicate if east, west, north or south side)		
	Rear		

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Nonconforming Use

DATE USE WAS ESTABLISHED	DESCRIPTION OF USE (ANY STRUCTURES INVOLVED, NOISE, VEHICLES INVOLVED, ETC.)

Nonconforming Lot

DATE LOT WAS ESTABLISHED	NAME OF SUBDIVISION	ZONE DISTRICT REQUIRED MINIMUM LOT SIZE	ACTUAL LOT SIZE

D. VARIANCES (Complete this section if any Variances have been granted for the property).

Approval date of Variance: _____

Description of Variance (Please be as specific as possible).

E. CERTIFICATION:

I certify that the information and exhibits submitted are true and correct to the best of my knowledge.

Applicant Signature: _____

For Office Use Only:	
Registration received by: _____	Date/Time: _____
If registration is incomplete, list missing or incomplete items:	
1. _____	_____
2. _____	_____
3. _____	_____
If approving registration, are there any special conditions to be applied? ___ Yes ___ No	
If yes, they are: _____	

Approved by: _____	Date: _____

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