



**APPLICATION FOR A VARIANCE FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM**

*(Application materials may be submitted electronically to [EHWater@tchd.org](mailto: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): \_\_\_\_\_

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

<b><u>Applicant</u></b> <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)**

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**APPLICANT'S SIGNATURE**

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For Tri-County Internal Use:**

Permit Fee Paid by:  Property Owner     Applicant     Other: \_\_\_\_\_

Date Paid: \_\_\_\_\_    Received By: \_\_\_\_\_

Payment Type:  Cash     Check (# \_\_\_\_\_)     Charge

Amount Paid \$ \_\_\_\_\_

Aurora  
15400 E. 14<sup>th</sup> Place, Suite 115  
Aurora, CO 80011  
303-341-9370

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

Commerce City  
4201 E. 72<sup>nd</sup> Avenue  
Commerce City, CO 80022  
303-288-6816

Greenwood Village  
6162 S. Willow Drive, Suite 100  
Greenwood Village, CO 80111  
720-200-1670