



Town of Grand Lake

Planning Department

• P.O. Box 99 • 1026 Park Avenue • Grand Lake, CO 80447
• Phone: 970-627-3435 • Fax: 970-627-9290
• Email: glplanning@townofgrandlake.com • Website: townofgrandlake.com

LAND USE REVIEW APPLICATION FORM

APPLICATION DEADLINE IS NOON, 21 DAYS PRIOR TO THE NEXT REGULARLY SCHEDULED MEETING

PROPERTY

- Street Address (or general location if not addressed): 240 & 300 Hancock St Grand Lake, CO 80447
- Legal Description: Lot 3,4,5 Block 1 Subdivision Sunnyside addition
- Lot Area (in square feet or acres): .55 acres. 24000 sq ft
- Existing Use of Property: Hotel since 2003

TYPE OF REVIEW (circle one): Rezoning • Subdivision • Minor Subdivision • Annexation • Planned Development
• Conditional Use • Vacation • Public right-of-way • Amendments to approved Subdivision or PD • Other (explain below)

PROPOSAL

Description of Proposal (include proposed use and summarize number and size of units/buildings/lots, as applicable):
240 & 300 Hancock have been operated as a hotel by the rapids restaurant and hotel since 2003. Zoning was changed by the city for lots 3-5 Block 1 Sunnyside addition from commercial transitional to multi family residence high density. We are requesting this be changed back to commercial transitional so that we can continue to operate the hotel as a use by right. This change would meet the criteria for reason under reason 1 of Chapter 12, ARTICLE 2 Zoning code that it was incorrectly changed from commercial transitional as the rapids hotel did not approve this change as it would disrupt the business. Reason 2 Of Chapter 12, Article 2 Zoning Code, the commercial transitional zoning is more in line with the town's downtown master planning for this area. These lots also have commercial transitional on both sides of them currently.

- Name of Development: Sunnyside - Grand Lake Village Suites & Cabins
- Name of Applicant: MARTELL REAL ESTATE GROUP, LLC James Martell Email: james@martellgroup.com
- Address: 3095 Blue Mountain Dr Phone: 303-619-2236
- City: Broomfield State: CO Zip: 80023 Fax:
- Contact Person (if not applicant): Email:
- Address: Phone:
- City: State: Zip: Fax:

STAFF USE ONLY

Application Received By: SLunsford Date / Time: 6/16/22
File Name:
Fee Paid: \$500 Amount: Reimbursement Form Signed: