



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

glplanning@townofgrandlake.com • www.townofgrandlake.com

LAND USE REQUEST APPLICATION

PROPERTY LOCATION:

Street Address: _____

Legal Description: Lot 9, 10, & 11 Block 36 Subdivision Grand Lake

Existing Use of Property: Vacant Land

PROPERTY OWNER INFORMATION:

Name: Thomas H. Jenkins Email: tom@gatewayinn.com

Mailing Address: PO Box 1155 Phone: 303-242-9575

City: Grand Lake State: CO Zip: 80447 Fax: _____

APPLICANT INFORMATION:

Is the Applicant the Property Owner? ☒ YES ☐ NO

Name: _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

TYPE OF REVIEW (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> New Planned Development | <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Special Use Permit |
| <input type="checkbox"/> Change to a non-conforming Use/Structure | <input type="checkbox"/> Existing Subdivision Plat Amendment | |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Rezoning | <input type="checkbox"/> Existing Subdivision Plan Amendment |
| <input type="checkbox"/> New Subdivision | <input type="checkbox"/> Redevelopment | <input type="checkbox"/> Other: <u>Roadway Specification 11-2-4(D)(3)</u> |

REQUEST (Brief Description):

Request Variance for road grade above 8% and approve triple driveway. This is because the existing terrain is too steep.

REQUIRED INFORMATION CHECKLIST:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Site Plan | (showing dimensions to existing and proposed features, locations of specific activities, proposed and existing signage, parking, ingress and egress points, traffic circulation, utilities, drainage features, and property lines) |
| <input type="checkbox"/> Statement of Authority | (If applicable. Required for representatives of entities and property owners.) |
| <input checked="" type="checkbox"/> Property Survey | |
| <input checked="" type="checkbox"/> Agreement for Services Form | |
| <input type="checkbox"/> Application Deposit | (See Fee and Deposit schedule for amount) |
| <input type="checkbox"/> Additional Information | (If applicable. Staff may require other helpful information for review.) |

AFFIDAVIT:

BY MY SIGNATURE, I attest that the information contained or attached to this application is true and correct to the best of my knowledge. I further understand that submission of false or misleading information shall be sufficient cause for this application to be denied or may delay review by the Town.

Print Name: Thomas H. Jenkins

Signature: *Thomas H. Jenkins* Date: 07/12/2022

STAFF USE ONLY

Application Received By: kwhite Date & Time: 7/12 4:15p

File Name: _____ Deposit: ☐ YES ☒ NO Amount: \$ 250