



Town of Grand Lake

Planning Department

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• Phone: 970-627-3435 • Fax: 970-627-9290

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PARKING VARIANCE REQUEST APPLICATION

PROPERTY LOCATION:

Street Address: 525 Grand Ave. Grand Lake, CO 80447

Legal Description: Lot 15 Block 26 Subdivision

PROPERTY OWNER INFORMATION:

Name: JesseTheDog LLC Email: jessethedogllc@gmail.com

Mailing Address: 1898 S. Jasmine St. Phone: 785-320-3301

City: Denver State: CO Zip: 80224 Fax:

APPLICANT INFORMATION: Is the Applicant the Property Owner? ☐ YES ☒ NO

Name: Verts Grand Lake LLC Email: drowland.am@gmail.com

Mailing Address: 11922 W. 27th Drive Phone: 303-579-7573

City: Lakewood State: CO Zip: 80215 Fax:

VARIANCE REQUEST (Brief Description):

Three-part request addressing variances for ADA accessible parking, street parking, and loading zone.

Accessible parking must be off-street; lot does not allow for parking in front (cannot drive over the boardwalk); lot does not allow access to the rear; request to have a space dedicated on the road.

Request for three additional spaces on street (1 space/350sf of general retail; 920 sf of retail/350 = 2.68.

Request to allow loading in front; alley behind the building is not accessible (does not support parking nor loading).

REQUIRED INFORMATION CHECKLIST:

- | | |
|--|--|
| <input type="checkbox"/> Application Deposit | (See Fee and Deposit schedule for amount) |
| <input type="checkbox"/> Agreement for Services Form | |
| <input type="checkbox"/> Site Plan | (showing dimensions to existing and proposed features, parking, ingress and egress points, utilities, drainage features, and property lines) |
| <input type="checkbox"/> Explanation of Hardship | (See Municipal Code for review criteria) |
| <input type="checkbox"/> Statement of Authority | (If applicable. Required for representatives of entities and property owners.) |
| <input type="checkbox"/> Property Survey | |
| <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 the Variance Request to be revoked immediately without notice or hearing.

Print Name: Daniel Rowland

Signature: Daniel W. Rowland Date: 08-16-2024

Incomplete applications will not be reviewed.

STAFF USE ONLY

Application Received By: Date & Time:

File Name: Deposit: ☐ YES ☐ NO Amount: \$

Agreement for Services Form Signed? ☐ YES ☐ NO