



## 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

### ZONING VARIANCE REQUEST APPLICATION

#### PROPERTY LOCATION:

Street Address: 52 MAD MOOSE LANE GRAND LAKE CO 80447  
Legal Description: Lot 3 Block 3 Subdivision THE RIDGE AT ELK CREEK

#### PROPERTY OWNER INFORMATION:

Name: OLIVER LEINEMANN Email: oleinemann@gacps.org  
Mailing Address: 2445 CHELMSFORD DR Phone: 443-623-3761  
City: CROFTON State: MD Zip: 21114 Fax: N/A

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

Name: OLIVER LEINEMANN Email: oleinemann@gacps.org  
Mailing Address: 2445 CHELMSFORD DR Phone: 443-623-3761  
City: CROFTON State: MD Zip: 21114 Fax: N/A

#### CONTACT INFORMATION: Is the Contact Person the Applicant? ☒ YES ☐ NO

Contact Person (if not Applicant): \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

#### VARIANCE REQUEST (Brief Description):

USING 20' FRONT SETBACK  
INSTEAD OF 25'  
PROPOSE MOVING HOUSE TO 20' FROM FRONT OF PROP.  
21'

#### REQUIRED INFORMATION CHECKLIST:

- |  |  |
|--|--|
| <input 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"/> 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"/> 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 the Special Use Permit to be revoked immediately without notice or hearing.

Print Name: OLIVER LEINEMANN  
Signature: [Signature] Date: 10/3/22

#### STAFF USE ONLY

Application Received By: \_\_\_\_\_ Date & Time: \_\_\_\_\_  
File Name: \_\_\_\_\_ Deposit: ☐ YES ☐ NO Amount: \$ \_\_\_\_\_  
Agreement for Services Form Signed? ☐ YES ☐ NO