

BOARD OF HEALTH PUBLIC HEARING

Application Fee: \$350.00

CLEAR CREEK COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
Post Office Box 2000 / Georgetown, Colorado 80444
Phone (303) 679-2335 / FAX (303) 569-1103

APPLICANT/OWNER _____

HOME PHONE _____ WORK PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEGAL DESCRIPTION OF PROPERTY _____
¼ Section & Section-Township-Range or Subdivision-Unit/Filing, Lot & Block

TOTAL ACREAGE _____

PARCEL# _____

DESCRIBE VARIANCE REQUESTED _____

DESCRIBE REASON FOR REQUEST _____

I (we) do hereby certify that information contained in or presented in connection with this Board of Health Variance application is true and accurate to the best of my (our) knowledge and belief. I (we) do hereby further agree to abide by the agreements, conditions and stipulations that are a part of this request.

Applicant _____ Date _____

Applicant _____ Date _____

FOR OFFICE USE ONLY

FEE PAID _____
Amount Date Receipt# Received by

SITE VISIT DATE _____ BOARD OF HEALTH HEARING DATE _____

APPROVED APPROVED W/CONDITIONS DENIED

RESOLUTION # _____ RECORDED AT _____
Reception# Book/Page Date