



CITY OF COLORADO SPRINGS

APPLICATION FORM FOR WAIVER OF FEES

Applicant: _____ Telephone _____ Fax _____
(The above-stated person will receive the approved site plans and all correspondence)

Address: _____ Zip Code _____ E-mail _____

Owner: _____ Telephone _____

Address: _____ Zip Code _____

Premises Involved:

Address of parcel _____

Existing Zone _____ Acreage _____

Tax Schedule No. _ _ _ _ _ - _ _ _ _ _

(This can be obtained from the El Paso County Tax Assessor located at 1675 Garden of the Gods Road, #2300; phone (719) 520-6600 or at their web site http://www.land.elpasoco.com)

Direction from Nearest Street Intersection _____

OFFICIAL CITY PLANNING USE ONLY:

Date Received _____ Completed Form with all of the attachments _____
PIC _____

Date Reviewed _____ Reviewing Planner _____

Approved _____ Denied _____

Reasons for denial _____

City Planning Manager _____ Date _____

OWNER/APPLICANT AUTHORIZATION:

The signature(s) below certifies that I am the authorized applicant named above and that I have familiarized myself with the rules, regulations and procedures with respect to preparing and filing this petition and that all statements, answers and information provided as part of this application are in all respects true and accurate to the best of my knowledge and belief.

Signature of Owner _____ Date _____ Signature of Applicant _____ Date _____

Application Requirements:

1. Marital Status of Applicant:

Single _____ Separated _____ Divorced _____ Widowed _____ Married _____

2. Number of Dependents:

Children _____ Spouse _____ Other _____ Total of Dependents _____

3. Names and Ages of Children:

_____, _____

_____, _____

_____, _____

4. Names of all other persons in household:

_____, _____

_____, _____

_____, _____

5. Employment Information:

A. Applicant Employer: _____

Employer's Address: _____

Employee's Title _____

B. Spouse's Employer _____

Employer's Address _____

Employee's Title _____

6. Type and Amount of Fee to be Waived:

A. Appeal of Notice and Order _____

B. Variance Request _____

C. Transcript Fee to City Council _____

D. Appeal Fee to City Council _____

E. Other Application, please specify _____

7. Financial Information:

1) Assets:

A. Real Estate (attach schedule giving location, market value, encumbrances and how titled) \$ _____

B. Furniture and Household Goods (attach schedule showing location, value and encumbrances) \$ _____

C. Motor Vehicles (attach schedule showing make, model, year, value and encumbrances) \$ _____

D. Cash on hand. \$ _____

Application Requirements, continued:

- E. Bank accounts (attach schedule specifying for each account; name and location of bank)
 - (1) Savings Account \$ _____
 - (2) Checking Account \$ _____
 - (3) Certificates of Deposit \$ _____
 - F. Stocks and Bonds (attach schedule describing holdings including company name, number of shares, names in which held, market values and date of said valuation) \$ _____
 - G. Insurance (attach schedule showing company name, policy number, beneficiary and cash surrender value) \$ _____
 - H. Pension or Retirement Funds (attach schedule naming source and location of funds) \$ _____
 - I. Miscellaneous
 - (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
- 2) Monthly Gross Income from all sources: \$ _____

Poverty Level Income Levels effective January 24, 2013 *

One Person	\$ 11,490.00
Two Persons	\$ 15,510.00
Three Persons	\$ 19,530.00
Four Persons	\$23,550.00
Five Persons	\$27,570.00
Six Persons	\$ 31,590.00
Seven Persons	\$ 35,610.00
Eight Persons	\$ 39,630.00
For families/households with more than eight persons, add \$4,020 for each additional person	

*: Figures from US Department of Health and Human Services

- 3) Number of exemptions being claimed on Federal W-4 form \$ _____
- 4) Monthly payroll deductions:
 - A. Federal Withholding Tax \$ _____
 - B. Colorado Withholding Tax \$ _____
 - C. Social Security/Retirement Plan \$ _____
 - D. Total amount of deductions \$ _____
- 5) Monthly Net Income (Gross minus deductions) \$ _____
 - A. Earnings (self) \$ _____

Application Requirements, continued:

- B. Earnings (spouse) \$ _____
- C. Other sources (specify each and list for everyone in household)
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- D. Total Household Income Per Month \$ _____
- 6) Yearly adjusted gross income listed on Federal Tax Return Form from the previous year \$ _____
(attach copy of IRS form from the previous year to verify this figure)

FINAL DISPOSITION:

APPROVAL:

After completion of the review of fee waiver, the planning staff member will return one (1) copy of the approved application to the applicant and keep one (1) copy of the application and place it in the applicable file.

DENIAL:

The planning staff member will provide written notification to the applicant/owner that will clearly specify all of the reasons for denial.

The City of Colorado Springs-Community Development Department is committed to ensuring that all of our services are accessible to those with disabilities. We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you. Please call 385-5905 to request any special service that you may require. A one (1) week advance notice to allow us to accommodate your request is appreciated.