



# Planning & Community Development Department Waiver of Fees

Applicant:  Phone:

Address:  Zip Code:

Email:

Property Owner:  Phone:

Address:  Zip Code:

Email:

Address of parcel involved:

Existing Zone(s):  Acreage:

Tax Schedule Number(s):

*Tax Schedule number information can be obtained from the El Paso County Assessor's office located at 1675 Garden of the Gods Road, #2300, (719) 520-6300 or on their website at: <http://www.land.elpasoco.com>.*

Direction from nearest street intersection:

**OFFICIAL CITY USE ONLY:**

Date Received: \_\_\_\_\_ Completed application with all required attachments: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Assigned Planner: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reasons for Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Planning & Community Development Director Date

**PROPERTY OWNER/APPLICANT AUTHORIZATION:**

The signature(s) below certifies that I(We) am/are the authorized property owner/applicant named above and that I (We) have familiarized myself/ourselves 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/our knowledge and belief.

\_\_\_\_\_  
Signature of Property Owner Date Signature of Applicant Date

**APPLICATION REQUIREMENTS AND INFORMATION:** All of the following information must be completed and included with a Waiver of Fees request:

1. Marital State of Applicant:

Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Married \_\_\_\_\_

2. Number of Dependents:

Children \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_ Total Number of Dependents \_\_\_\_\_

3. Names and Ages of all Children:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

4. Names of all other persons living in the household:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

5. Employment Information:

A. Applicant's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employee's Title: \_\_\_\_\_

B. Spouse's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employee's Title: \_\_\_\_\_

6. Type and Amount of Fee requested to be waived:

A. Appeal of Notice and Order: \_\_\_\_\_

B. Non-Use Variance Request: \_\_\_\_\_

C. Appeal Fee to City Council: \_\_\_\_\_

D. Other, please specify: \_\_\_\_\_

7. Financial Information:

1) Assets:

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

B. Furniture and Household Goods (attach schedule showing location, value and encumbrance(s)) \$ \_\_\_\_\_

C. Motor Vehicles (attach schedule showing make, model, year, value and encumbrance(s)) \$ \_\_\_\_\_

D. Cash on Hand \$ \_\_\_\_\_

E. Bank accounts (attach schedule specifying for each account, name and location of bank(s))

1. Savings Account \$ \_\_\_\_\_

2. Checking Account \$ \_\_\_\_\_

- 3. Certificate(s) of Deposit \$ \_\_\_\_\_
- F. Stocks and Bonds (attach schedule describing holdings including Company name, number of shares, names in which their held, market value and said of valuation(s)) \$ \_\_\_\_\_
- 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 Amounts effective ? : \*

One Person	\$ 11,880
Two Persons	\$ 16,020
Three Persons	\$ 20,160
Four Persons	\$ 24,300
Five Persons	\$ 28,440
Six Persons	\$ 32,580
Seven Persons	\$ 36,730
Eight Persons	\$ 40,890

For Families/households with more than eight persons, add \$ 4,160 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) \$ \_\_\_\_\_
  - 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 the waiver of fees, City Planning will return one (1) copy of the approved application to the applicant and keep one (1) copy of the application and place in the appropriate development application file.

**Denial:**

City Planning will provide written notification to the applicant/property owner that will clearly specify all of the reasons for denial.

The City of Colorado Springs 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 with help us better serve you.

Please call the City at (719) 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.