



PLANNING + NEIGHBORHOOD SERVICES

Land Use Review

Waiver of Fees Application

Waiver of Fees Application

Property Owner and Applicant Information

Applicant	Phone Number
Address	ZIP
Email	
Property Owner	Phone Number
Address	ZIP
Email	
Address of Parcel Involved	Existing Zone(s)
Tax Schedule Number	Acreage
File Number(s)	

Property Owner and 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 Applicant	Date
Signature of Property Owner	Date



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Application Requirements and Information

All of the following information must be completed and submitted to Planning via the [Electronic Submittal System](#)

Marital State of Applicant: Single Separated Divorced Widowed Married

Number of Dependents: Children: Spouse: Other: Total No. of Dependents:

Names and Ages of All Children:

Names of All Other Persons Living in the Household:

Employment Information:

A. Applicant's Employer:

Employer's Address:

Employer's Title:

B. Spouse's Employer:

Employer's Address:

Employer's Title:

Type and Amount of Fee to be Waived

Appeal of Notice and Order: \$ _____ Non-Use Variance Request: \$ _____

Appeal Fee to City Council: \$ _____ Other, Please Specify Below:



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Financial Information

Assets

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

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

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

Cash on Hand \$ _____

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

Savings Account \$ _____

Checking Account \$ _____

Certificate(s) of Deposit \$ _____

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)) \$ _____

Insurance (attach schedule showing company name, policy no., beneficiary and cash surrender value) \$ _____

Pension or Retirement Funds (attach schedule naming source and location of funds) \$ _____

Miscellaneous

1. \$ _____

2. \$ _____

3. \$ _____



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Income

Monthly Gross Income from All Sources \$ _____

Number of exemptions being claimed on Federal W-4 form \$ _____

Monthly Payroll Deductions

Federal Withholding Tax \$ _____

Colorado Withholding Tax \$ _____

Social Security/Retirement Plan \$ _____

Total amount of deductions \$ _____

Monthly Net Income (Gross Minus Deductions) \$ _____

Earnings (self) \$ _____

Earnings (spouse) \$ _____

Other sources (specify each and list for everyone in household): \$ _____

1. \$ _____

2. \$ _____

3. \$ _____

Total household Income Per Month \$ _____

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)



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2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 for each additional person.	

Figures from US Department of Health and Human Services