



Development Services
100 N. Wilcox Street
Castle Rock, CO 80104
720-733-2200 FAX 720-733-2231

NO. _____

DATE 21 October 2020

TECHNICAL CRITERIA VARIANCE APPLICATION

DEVELOPMENT

LEGAL DESCRIPTION OF SUBJECT PROPERTY

LOTS 7 THROUGH 12, INCLUDING A PORTION OF VACATED JERRY STREET, INCLUSIVE
BLOCK 3 AND LOTS 13 THROUGH 16, INCLUSIVE BLOCK 11, AND A PORTION OF VACATED
7TH STREET, WILCOX ADDITION TOWN OF CASTLE ROCK, COUNTY OF DOUGLAS, STATE
OF COLORADO

VARIANCE REQUESTED:

Code Section(s) 17.42.080 #6 landscaping

Describe the Variance Requested

Requesting a variance to the landscaping requirements along Sixth St. and Jerry St.

1. Describe the exceptional situation or condition that exists

-Sixth St. has limited space and does not provide sufficient room for landscaping. Town of Castle
Rock prefers to keep on street parking in this location further limiting landscape potential.

-Jerry St. also has limited space due to on street parking, site utilities, and storm water treatment
and storage.

2. Describe the difficulty or hardship that would be created by a strict enforcement of the code

Due to limited space, on site utilities, storm water treatment, and sight triangles it would be difficult
to provide the required plant material outlined within section 17.42.080. Project is providing as
many trees as possible to maintain streetscape.

3. Describe why there would not be any adverse impact on public health, safety and welfare

Landscape reduction will provide safe and secure environment for pedestrians and vehicular
circulation.

Additional Information:

1. Attach an improvement survey.
2. Attach a drawing showing the intended uses.
3. Provide any other information helpful to discussion.

PROPERTY OWNER

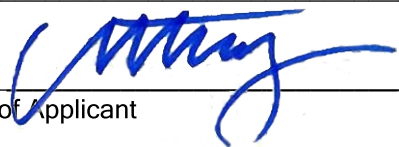
Name: Treanor Investments, LLC & Douglas County Properties, LLC & Rock View Holdings, LLC

Address: 205 Sixth Street
Castle Rock, CO 80104

Phone #: 785.842.4858

Fax #: _____

Signature of Applicant



For Staff Use Only

Staff Recommendation: Approved ☐ Yes ☐ No

APPLICANT'S REPRESENTATIVE (If applicable)

Name: _____

Address: _____

Phone: _____

Fax: _____

Signature

- ☐ Public Works Director
- ☐ Director of Castle Rock Water
- ☐ Parks & Recreation Director
- ☐ Development Services Director

Date

Comments

Conditions of Acceptance
