



City of Thornton  
 9500 Civic Center Drive  
 Thornton, CO 80229

CITY DEVELOPMENT DEPARTMENT  
 303-538-7295  
[developmentsubmittals@cityofthornton.net](mailto:developmentsubmittals@cityofthornton.net)

**APPEAL**  
**APPLICATION FORM**  
**CHECK TYPE OF REQUEST:**

Appeal to City Council

Appeal of DPAB Decision \$90

Appeal to the Development Permits and Appeals Board (DPAB)

Decision of the Director \$90

Denial of Building Permit \$90

Code Interpretation \$90

Denial of Architectural Review \$90

**ONE APPLICATION FORM FOR EACH REQUEST**  
**ALL PERTINENT INFORMATION ON THIS FORM MUST BE COMPLETED**

Application Date: \_\_\_\_\_

Reason for Application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

The signature of the applicant, if they are the property owner, signifies that they will represent themselves in this request to the City. All communications will be sent to the applicant. If the applicant is not the property owner, the property owner information is needed and the property owner needs to sign this request. The signature of the property owner acknowledges their awareness of the request being made on their behalf and authorizes the identified applicant to represent the owner in the request being made to the City of Thornton.

Land Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(If the same as applicant-put "same")*  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Land Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(If the same as applicant-put "same")*  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

NOTE – If there are more than two owners, a letter/letters containing their signatures must be attached to the application authorizing the applicant to act on behalf of the identified owner(s).

Project Name: \_\_\_\_\_

Property Address (if known): \_\_\_\_\_ Adams County Parcel #: \_\_\_\_\_

General Location: \_\_\_\_\_

Existing Subdivision: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

Existing Land Use(s) & Structures: \_\_\_\_\_

Proposed Land Use(s) & Structures: \_\_\_\_\_

Gross Area: \_\_\_\_\_ (square feet) \_\_\_\_\_ (acres) Proposed Zoning: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional page(s) may be added for full legal description to be included with application form.

**AN ACTUAL ADDRESS OR PARCEL ID NUMBER IS REQUIRED.**

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Office Use Only:

Case Number: \_\_\_\_\_ Intake Review By: \_\_\_\_\_

Hansen Number: \_\_\_\_\_ Planner Assigned to Case: \_\_\_\_\_