



FREMONT COUNTY BOARD OF ZONING ADJUSTMENT
MEDICAL HARDSHIP WAIVER APPLICATION

REMOVAL LETTER

FREMONT COUNTY BOARD OF ZONING ADJUSTMENT
C/O FREMONT COUNTY DEPARTMENT OF PLANNING & ZONING
615 MACON AVENUE – ROOM 210
CAÑON CITY, CO 81212

Dear Sirs:

I, _____, being the owner of property located at

In Fremont County, Colorado do hereby state that the temporary dwelling unit for which this waiver is to be granted, located at the aforementioned location, will be removed from the property within ninety (90) days of the date when the hardship ceases to exist, or when the Board of Zoning Adjustment determines circumstances of the hardship have changed and would warrant the termination of the Medical Hardship Waiver.

SIGNATURE

Sworn to before me and subscribed in my presence this _____ day of _____, 20__.

My commission expires: _____

Notary Public