



CITY AND COUNTY OF DENVER

COMMUNITY PLANNING
AND DEVELOPMENT

201 W. Colfax Avenue
Denver, Colorado 80202-5329
phone 720-865-3000 • fax 720-865-3057
tdd 720-865-3055 • www.denvergov.org

John W. Hickenlooper
Mayor

February 29, 2008

Inter-Neighborhood Cooperation (INC)
Bellevue-Hale Neighborhood Association
Capitol Hill United Neighborhoods, Inc.
Cherry Creek Chamber of Commerce
Colfax on the Hill, Inc.
CommUNITY Renaissance Neighbors (CO.R.N.)
Congress Park Neighbors, Inc.
FAX Partnership
Greater Park Hill Community, Inc.
Northeast Community Congress for Education
Points Historical Redevelopment Corp.
South City Park Neighborhood Association
South Park Hill Neighborhood Organization

City Council Members: Carla Madison, Carol Boigon and Doug Linkhart

RE: BIENNIAL RENEWAL OF PERMIT FOR RESIDENTIAL CARE USE, LARGE,
SPECIAL CARE HOME

ADDRESS: DENVER CHILDREN'S HOME, 1501 ALBION STREET

Dear Sir or Madam:

The above named facility has applied to renew their permit for Residential Care Use, Large, Special Care Home, forty-four (44) residents, per biennial renewal requirements of Section 59-82(e)(2). If you have any written comments regarding the operation of this facility and its willingness to interact with the neighborhood when necessary during the biennial renewal period they must be submitted to the Zoning Administrator, 201 W. Colfax Avenue, Dept. 205, Denver, CO 80202, no later than May 14, 2008.

Under the conditions of Section 59-82 of the Zoning Chapter of the Denver Revised Municipal Code, this permit will be issued on or about 5/15/08.

Thank you for your cooperation.

Sincerely,


Irez Duran
Senior Plans Review Tech

"Renewal"



CITY AND COUNTY OF DENVER
DEPARTMENT OF ZONING ADMINISTRATION

201 W COLFAX AVE DEPT 205
DENVER CO 80202
720-865-3000
FAX: 720-865-3057

APPLICATION FOR USE PERMIT

Please complete this form in triplicate if you plan to change the use or establish a new use in a building which you rent or lease. Return all copies to the Department of Zoning Administration. LEGAL DESCRIPTION MAY BE OBTAINED BY CALLING 720-865-3000. I/We hereby apply for a permit under Section 59-26(f) of the Revised Municipal Code. Neither the use of or the uses upon any land nor the use of or the uses within any structure shall be changed until a zoning permit for such change of use shall have been issued by the Department of Zoning Administration.

APPROVAL BY ZONING SHALL NOT MEAN APPROVAL BY THE BUILDING DEPARTMENT. CHECK WITH BUILDING DEPARTMENT FOR APPLICABLE PERMITS.

- Address of land and/or structure(s) where use is to be located.
1501 Albion Street
- Legal Description of Property: (Use reverse side if more space is needed.)
Lot(s) 253 Block 1 Addition Hertman's
- Exact Description of Proposed Use: (If sales is involved, state product, State nature of service, if any.)
Residential care use, large, special care home for forty-four (44) children
- Proposed Starting Date: Existing
- Former Use(s): Same
- Use will be operated in a completely enclosed structure. Yes No
- Gross Floor Area Occupied by EACH Use(s): 55,000 #
- Off street parking Proposed _____ Existing 18
- Title (or interest) in Land and Building: Owner Lessee Agent
- Signature _____ Address _____
Phone _____ Date _____ ZIP CODE _____

Please print BUSINESS NAME here

THIS BLOCK IS FOR THE USE OF THE DEPARTMENT OF ZONING ADMINISTRATION

OSP Class # _____ Off Street parking required _____
 ZONE DISTRICT MS-2 Approved, Section 59 -82 Res. Care use, large, special
NE 6 Not Approved, reason: Care home, 44 children

If approved under Section 59-631 (Non-Conforming Uses), state conditions: _____

SEC: 59-39 (a) Any person aggrieved or any officer or dept. of the City may appeal to the Board of Adjustment from any order or decision of the Dept.

Board of Adjustment Case No. _____ Renewal Date 5/15/2010
 Use Permit (Acct# 3788) Expiration Date 5/15/2010
 Use by Temporary Permit \$10.00 Finance
 CHECK OR MONEY ORDER PAYABLE TO MANAGER OF: Finance Schedule # 01313-26-007
 (\$ 20.00 Fee) Fund & Org. 01010-0142400-375800 Receipt # _____
 For the Zoning Administrator _____ Date _____

Dkt 8 - Carla Madison