



## Zone Map Amendment (Rezoning) - Application

<b>PROPERTY OWNER INFORMATION*</b>		<b>PROPERTY OWNER(S) REPRESENTATIVE**</b>	
<input type="checkbox"/> CHECK IF POINT OF CONTACT FOR APPLICATION		<input type="checkbox"/> CHECK IF POINT OF CONTACT FOR APPLICATION	
<input type="checkbox"/> CHECK IF POINT OF CONTACT FOR FEE PAYMENT***		<input type="checkbox"/> CHECK IF POINT OF CONTACT FOR FEE PAYMENT***	
Property Owner Name		Representative Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Email		Email	
*All standard zone map amendment applications must be initiated by owners (or authorized representatives) of at least 51% of the total area of the zone lots subject to the rezoning. See page 4.		**Property owner shall provide a written letter authorizing the representative to act on his/her behalf. ***If contact for fee payment is other than above, please provide contact name and contact information on an attachment.	
<b>SUBJECT PROPERTY INFORMATION</b>			
Location (address):			
Assessor's Parcel Numbers:			
Area in Acres or Square Feet:			
Current Zone District(s):			
<b>PROPOSAL</b>			
Proposed Zone District:			
<b>PRE-APPLICATION INFORMATION</b>			
In addition to the required pre-application meeting with Planning Services, did you have a concept or a pre-application meeting with Development Services?		<input type="checkbox"/> <b>Yes - State the contact name &amp; meeting date</b> _____ <input type="checkbox"/> <b>No - Describe why not (in outreach attachment, see bottom of p. 3)</b>	
Did you contact the City Council District Office regarding this application ?		<input type="checkbox"/> <b>Yes - if yes, state date and method</b> _____ <input type="checkbox"/> <b>No - if no, describe why not (in outreach attachment, see bottom of p. 3)</b>	

REZONING REVIEW CRITERIA (ACKNOWLEDGE EACH SECTION)	
<p>General Review Criteria DZC Sec. 12.4.10.7.A</p> <p>Check box to affirm <b>and</b> include sections in the review criteria narrative attachment</p>	<p><input type="checkbox"/> <b>Consistency with Adopted Plans: The proposed official map amendment is consistent with the City's adopted plans, or the proposed rezoning is necessary to provide land for a community need that was not anticipated at the time of adoption of the City's Plan.</b></p> <p>Please provide a review criteria narrative attachment describing <b>how</b> the requested zone district is consistent with the policies and recommendations found in <b>each</b> of the adopted plans below. Each plan should have its' own subsection.</p> <p><b>1. Denver Comprehensive Plan 2040</b></p> <p>In this section of the attachment, describe <b>how</b> the proposed map amendment is consistent with <i>Denver Comprehensive Plan 2040's</i> a) equity goals, b) climate goals, and c) any other applicable goals/strategies.</p> <p><b>2. Blueprint Denver</b></p> <p>In this section of the attachment, describe <b>how</b> the proposed map amendment is consistent with: a) the neighborhood context, b) the future place type, c) the growth strategy, d) adjacent street types, e) plan policies and strategies, and f) equity concepts contained in <i>Blueprint Denver</i>.</p> <p><b>3. Neighborhood/ Small Area Plan and Other Plans (List all from pre-application meeting, if applicable):</b></p> <hr/>
<p>General Review Criteria: DZC Sec. 12.4.10.7. B &amp; C</p> <p>Check boxes to the right to affirm <b>and</b> include a section in the review criteria for Public Health, Safety and General Welfare narrative attachment.</p>	<p><input type="checkbox"/> <b>Uniformity of District Regulations and Restrictions: The proposed official map amendment results in regulations and restrictions that are uniform for each kind of building throughout each district having the same classification and bearing the same symbol or designation on the official map, but the regulations in one district may differ from those in other districts.</b></p> <p><input type="checkbox"/> <b>Public Health, Safety and General Welfare: The proposed official map amendment furthers the public health, safety, and general welfare of the City.</b></p> <p>In the review criteria narrative attachment, please provide an additional section describing <b>how</b> the requested rezoning furthers the public health, safety and general welfare of the City.</p>
<p>Review Criteria for Non-Legislative Rezoning: DZC Sec. 12.4.10.8</p> <p>For Justifying Circumstances, check box and include a section in the review criteria narrative attachment.</p> <p>For Neighborhood Context, Purpose and Intent, check box <b>and</b> include a section in the review criteria narrative attachment.</p>	<p><b>Justifying Circumstances - One of the following circumstances exists:</b></p> <p><input type="checkbox"/> The existing zoning of the land was the result of an error;</p> <p><input type="checkbox"/> The existing zoning of the land was based on a mistake of fact;</p> <p><input type="checkbox"/> The existing zoning of the land failed to take into account the constraints of development created by the natural characteristics of the land, including, but not limited to , steep slopes, floodplain, unstable soils, and inadequate drainage;</p> <p><input type="checkbox"/> Since the date of the approval of the existing Zone District, there has been a change to such a degree that the proposed rezoning is in the public interest. Such change may include:</p> <p style="padding-left: 20px;">a. Changed or changing conditions in a particular area, or in the city generally; or,</p> <p style="padding-left: 20px;">b. A City adopted plan; or</p> <p style="padding-left: 20px;">c. That the City adopted the Denver Zoning Code and the property retained Former Chapter 59 zoning.</p> <p><input type="checkbox"/> It is in the public interest to encourage a departure from the existing zoning through application of supplemental zoning regulations that are consistent with the intent and purpose of, and meet the specific criteria stated in, Article 9, Division 9.4 (overlay Zone Districts) of this Code.</p> <p>In the review criteria narrative attachment, please provide an additional section describing the selected justifying circumstance. If the changing conditions circumstance is selected, describe changes since the site was last zoned. Contact your pre-application case manager if you have questions.</p> <p><input type="checkbox"/> <b>The proposed official map amendment is consistent with the description of the applicable neighborhood context, and with the stated purpose and intent of the proposed Zone District.</b></p> <p>In the review criteria narrative attachment, please provide a separate section describing <b>how</b> the rezoning aligns with a) the proposed district neighborhood context description, b) the general purpose statement, and c) the specific intent statement found in the Denver Zoning Code.</p>

**REQUIRED ATTACHMENTS**

Please check boxes below to affirm the following **required** attachments are submitted with this rezoning application:

- Legal Description of subject property(s). **Submit as a separate Microsoft Word document.** View guidelines at: <https://www.denvergov.org/content/denvergov/en/transportation-infrastructure/programs-services/right-of-way-survey/guidelines-for-land-descriptions.html>
- Proof of ownership document for each property owner signing the application, such as (a) Assessor's Record, (b) Warranty deed, or (c) Title policy or commitment dated no earlier than 60 days prior to application date. If the owner is a corporate entity, proof of authorization for an individual to sign on behalf of the organization is required. This can include board resolutions authorizing the signer, bylaws, a Statement of Authority, or other legal documents as approved by the City Attorney's Office.
- Review Criteria Narratives. See page 2 for details.

**ADDITIONAL ATTACHMENTS (IF APPLICABLE)**

Additional information may be needed and/or required. Please check boxes below identifying additional attachments provided with this application.

- Written narrative explaining reason for the request** (optional)
- Outreach documentation attachment(s).** Please describe any community outreach to City Council district office(s), Registered Neighborhood Organizations (RNOs) and surrounding neighbors. If outreach was via email- please include email chain. If the outreach was conducted by telephone or meeting, please include contact date(s), names and a description of feedback received. If you have not reached out to the City Council district office, please explain why not. (optional - encouraged )
- Letters of Support.** If surrounding neighbors or community members have provided letters in support of the rezoning request, please include them with the application as an attachment (optional).
- Written Authorization to Represent Property Owner(s)** (if applicable)
- Individual Authorization to Sign on Behalf of a Corporate Entity** (e.g. if the deed of the subject property lists a corporate entity such as an LLC as the owner, this document is required.)
- Other Attachments.** Please describe below.



# REZONING GUIDE

## PROPERTY OWNER OR PROPERTY OWNER(S) REPRESENTATIVE CERTIFICATION

We, the undersigned represent that we are the owner(s) of the property described opposite our names, or have the authorization to sign on behalf of the owner as evidenced by a Power of Attorney or other authorization attached, and that we do hereby request initiation of this application. I hereby certify that, to the best of my knowledge and belief, all information supplied with this application is true and accurate. I understand that without such owner consent, the requested official map amendment action cannot lawfully be accomplished.

Property Owner Name(s) (please type or print legibly)	Property Address City, State, Zip Phone Email	Property Owner Interest % of the Area of the Zone Lots to Be Rezoned	Please sign below as an indication of your consent to the above certification statement	Date	Indicate the type of ownership documentation provided: (A) Assessor's record, (B) warranty deed, (C) title policy or commitment, or (D) other as approved	Has the owner authorized a representative in writing? (YES/NO)
<b>EXAMPLE</b> John Alan Smith and Josie Q. Smith	123 Sesame Street Denver, CO 80202 (303) 555-5555 sample@sample.gov	100%	<i>John Alan Smith</i> <i>Josie Q. Smith</i>	01/12/20	(A)	YES
Davidow Trust	79 Albion st Denver Co 80220 (480)236-2764	100	Gregory Kotsaftis <small>Digitally signed by Gregory Kotsaftis Date: 2022.11.29 08:39:17 -07'00'</small>	2/23/23	B	<b>YES</b> NO
						YES NO
						YES NO
						YES NO

LEGAL DESCRIPTION FOR 79 S ALBION ST:

THE EASTERN CAPITOL HILL SUB B53 N/2 P6

March 1<sup>st</sup> 2023

To Whom It May Concern:

This letter serves as authorization for Revo Renovations LLC and Greg Kotsaftis to represent the Davidow Trust and Diana Davidow for the rezoning application of 79 Albion st Denver Colorado and all related documents needed for the City of Denver.

Please let me know if you have any other questions.

*Diana Davidow*

Diana Davidow

*Diana Davidow*

Davidow Trust

WHEN RECORDED  
RETURN TO:



**STATEMENT OF AUTHORITY**  
(§38-30-172, C.R.S.)

- This Statement of Authority relates to an entity<sup>1</sup> named **DAVIDOW TRUST**
- The type of entity is a:
 

<input type="checkbox"/> Corporation	<input type="checkbox"/> Registered Limited Liability Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Registered Limited Liability Limited Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership Association
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Government or Governmental Subdivision or Agency
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Trust
<input type="checkbox"/>	
- The entity is formed under the laws of
- The mailing address for the entity is **79 S ALBION STREET**
- The  name  position of each person authorized to execute instruments conveying, encumbering or otherwise affecting title to real property on behalf of the entity is **MATTHEW ROBERT DAVIDOW AND DIANA CAROLINA DAVIDOW, TRUSTEES**
- The authority of the foregoing person(s) to bind the entity:  is<sup>2</sup> not limited  is limited as follows :
- Other matters concerning the manner in which the entity deals with interests in real property:
- This Statement of Authority is executed on behalf of the entity pursuant to the provisions of §38-30-172, C.R.S. <sup>3</sup>
- This Statement of Authority amends and supersedes in all respects any and all prior dated Statements of Authority executed on behalf of the entity.

Executed this day of **September 14th, 2020**

**DAVIDOW TRUST**

By: 

**MATTHEW ROBERT DAVIDOW, TRUSTEE**

State of **NEVADA** )

)

)ss.

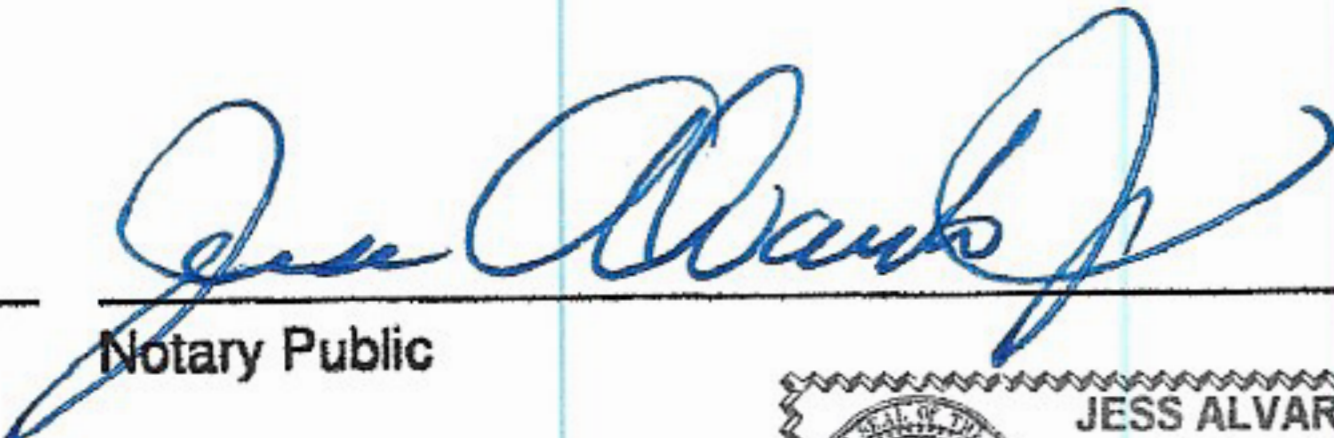
County of **Clark** )

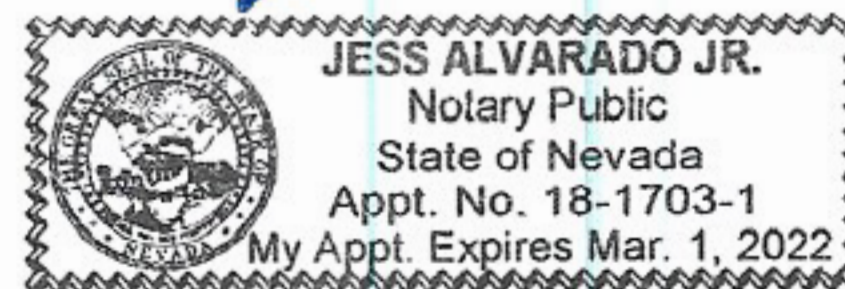
)

The foregoing instrument was acknowledged before me on this day of **September 09th, 2020** by **MATTHEW ROBERT DAVIDOW , TRUSTEE OF DAVIDOW TRUST**

Witness my hand and official seal

My Commission expires: March 1, 2022

  
Notary Public



<sup>1</sup>This form should not be used unless the entity is capable of holding title to real property.  
<sup>2</sup>The absence of any limitation shall be prima facie evidence that no such limitation exists.  
<sup>3</sup>The statement of authority must be recorded to obtain the benefits of the statute.



**SIGNATURE PAGE ATTACHMENT EXHIBIT**

ADDRESS: 79 SOUTH ALBION STREET, DENVER, CO 80246

**DAVIDOW TRUST**



\_\_\_\_\_  
**DIANA CAROLINA DAVIDOW, TRUSTEE**

State of **COLORADO**

)

)ss

City and County of **DENVER**

)

**SARA E SPAIGHT**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
NOTARY ID 20014014577  
My Commission Expires May 9, 2021

The foregoing instrument was acknowledged before me on this day of **September 14th, 2020**  
by **DIANA CAROLINA DAVIDOW, TRUSTEE OF DAVIDOW TRUST**

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

*S.E. Spaight*  
*5/9/2021*





State Documentary Fee  
Date: September 14, 2020  
\$148.50

**Special Warranty Deed**  
(Pursuant to C.R.S. 38-30-113(1)(b))

Grantor(s), **DUNLAP FAMILY REVOCABLE TRUST, DATED MAY 10, 2018, AS AMENDED FROM TIME TO TIME**, whose street address is **79 SOUTH ALBION STREET, DENVER, CO 80246**, City or Town of **DENVER**, County of **Denver** and State of **Colorado**, for the consideration of **(\$1,485,000.00) \*\*\*One Million Four Hundred Eighty Five Thousand and 00/100 \*\*\*** dollars, in hand paid, hereby sell(s) and convey(s) to **DAVIDOW TRUST**, whose street address is **79 S ALBION STREET, Denver, CO 80246**, City or Town of **Denver**, County of **Denver** and State of **Colorado**, the following real property in the County of **Denver** and State of **Colorado**, to wit:

**THE NORTH 1/2 OF PLOT 6, BLOCK 53, THE EASTERN CAPITOL HILL SUBDIVISION, CITY AND COUNTY OF DENVER, STATE OF COLORADO.**

also known by street and number as: **79 SOUTH ALBION STREET, DENVER, CO 80246**

with all its appurtenances and warrant(s) the title to the same against all persons claiming under me(us), subject to Statutory Exceptions.

Signed this day of **September 14, 2020**.

**DUNLAP FAMILY REVOCABLE TRUST, DATED MAY 10, 2018, AS AMENDED FROM TIME TO TIME**

By: 

**DANIEL MARTIN DUNLAP, TRUSTEE**

**DUNLAP FAMILY REVOCABLE TRUST, DATED MAY 10, 2018, AS AMENDED FROM TIME TO TIME**

By: 

**SARA WAGNER DUNLAP, TRUSTEE**

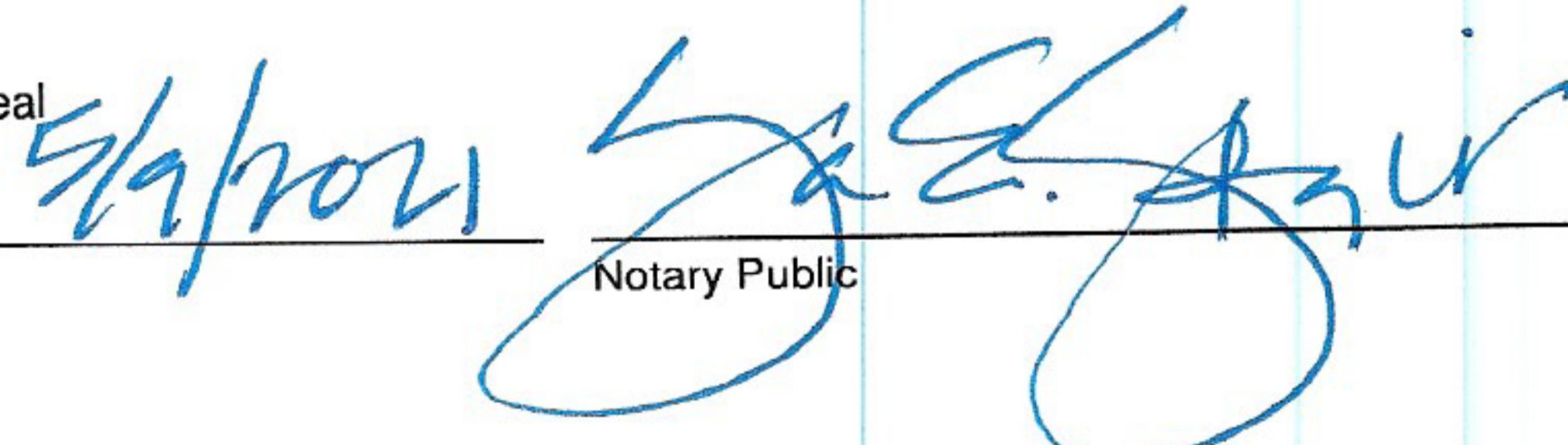
**SARA E SPAIGHT**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
NOTARY ID 20014014577  
My Commission Expires May 9, 2021

State of CO )  
County of Denver )ss.  
 )

The foregoing instrument was acknowledged before me on this day of **September 14th, 2020** by **DANIEL MARTIN DUNLAP AND SARA WAGNER DUNLAP AS TRUSTEES OF DUNLAP FAMILY REVOCABLE TRUST, DATED MAY 10, 2018, AS AMENDED FROM TIME TO TIME**

Witness my hand and official seal

My Commission expires: 5/9/2021

  
Notary Public

When recorded return to: **DAVIDOW TRUST**  
**79 S ALBION STREET, Denver, CO 80246**



March 7, 2023

To Whom It May Concern:

Here are the addresses we have notified in writing with a letter of our intention to apply for rezoning from the City of Denver. These letters were all hand delivered to the homeowner.

12 S. Albion St  
11 S. Albion St  
30 S. Albion St  
27 S. Albion St  
35 S. Albion St  
46 S. Albion St  
45 S. Albion St  
55 S. Albion St  
60 S. Albion St  
59 S. Albion St.  
70 S. Albion St  
99 S. Albion St  
80 S. Albion St.

Behind this address sharing the alley is an abandoned building that used to be a church and a new development that is not occupied

Please let us know if you have any other questions.

Greg Kotsaftis

A handwritten signature in cursive script that reads "Gregory Kotsaftis".

Revo Renovations LLC

November 29<sup>th</sup> 2022

To Whom It May Concern:

We have hand delivered the following letter to all our neighbors on both sides of our street at 79 S. Albion St Denver. The church located west of the property is vacant and we also extended our letter to E. Bayaud Ave as well.

August 16<sup>th</sup> 2022

RE: Garage addition for office/ADU 79 S. Albion st. Denver CO

To Whom It May Concern:

We are applying for the rezoning of our lot to accommodate and ADU (Accessory Dwelling Unit) as a second story addition.

As part of the application process, we are reaching out to our neighbors and community to notify you of our application.

Please let us know if you have any questions or concerns.

Thank you,

Davidow Trust

Diana Davidow

79 S. Albion S. Denver Co 80246

We have also emailed our City Council Person about our proposed rezoning and modifications to our garage.

**Council District 5**

Amanda Sawyer

[DenverCouncil5@denvergov.org](mailto:DenverCouncil5@denvergov.org)

720-337-5555

The Denver Hilltop Neighborhood Association was emailed at

[info@DenverHilltop.com](mailto:info@DenverHilltop.com)

Let us know if you have any other questions.

Davidow Trust

Representative - Greg Kotsaftis, Revo Renovations