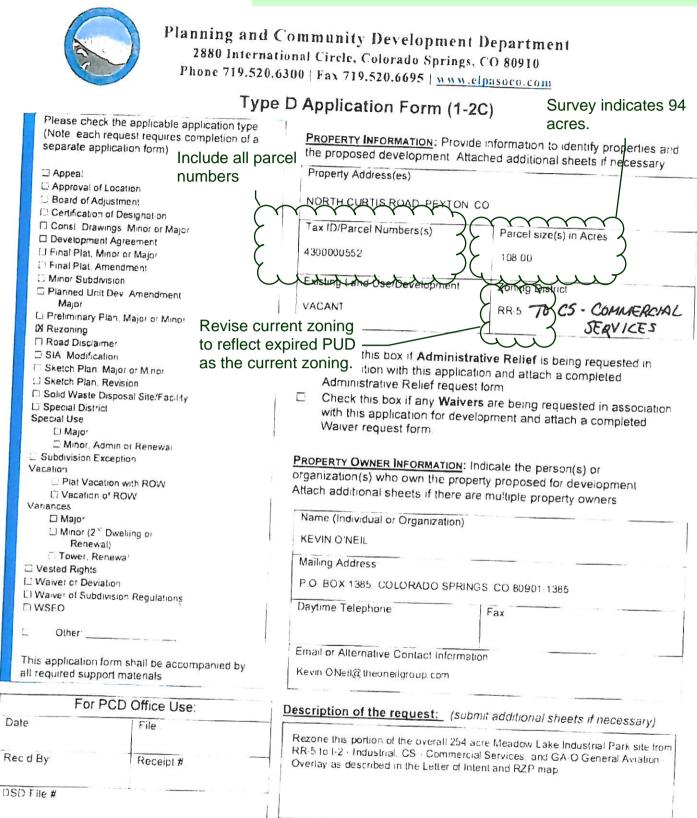
Please provide a cleaner application that is clearer and easier to read.



TYPE D APPLICATION FORM 1-2C Page 1 or 2



Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

APPLICANT(s): Indicate person(s) submitting the necessary)	application if different than the property owner(s) (attach additional sheets if
Name (Individual or Organization)	
WILLIAM GUMAN & ASSOCIATES, LTD	
Mailing Address	
731 NORTH WEBER STREET, SUITE 10, COLORAD	O SPRINGS. CO 80903
Daytime Telephone	Fax
7 19-633-9700	
Email or Alternative Contact Information:	
bill@guman.net	
AUTHORIZED REPRESENTATIVE(s): Indicate the p (attach additional sheets if necessary) Name (Individual or Organization) WILLIAM GUMAN & ASSOCIATES LTD	person(s) authorized to represent the property owner and/or applicants
Mailing Address	
731 NORTH WEBER STREET, SUITE 10. COLORAD	O SPRINGS. CO 80903
Daytime Telephone	Fax
7 19-633-9700	
Email or Alternative Contact Information	
bill@guman.net	
AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENT	ATIVE(S).

An owner signature is not required to process a Type A or B Development Application. An owner's signature may only be executed by the owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit naming the person as the owner's agent.

OWNER/APPLICANT AUTHORIZATION:

To the best of my knowledge, the information on this application and all additional or supplemental documentation is true, factual and complete. I am fully aware that any misrepresentation of any information on this application may be grounds for denial or revocation. I have familiarized myself with the rules, regulations and procedures with respect to prepanng and filing this application. I also understand that an incorrect submittal may delay review, and that any approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval. I verify that I am submitting all of the required materials as part of this application and as appropriate to this project, and I acknowledge that failure to submit all of the necessary materials to allow a complete review and reasonable determination of conformance with the County's rules, regulations and ordinances may result in my application transferable by sale. I acknowledge that I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I acknowledge that I understand the implications of use or development restrictions that are a result of subdivision plat notes, deed restrictions, or restrictive covenants. I agree that if a conflict should result from the request I am submitting to El Paso County due to subdivision plat notes. deed restrictions, or restrictive covenants, it will be my responsibility to resolve any conflict. I hereby give permission to El Paso County and applicable review agencies to enter on the above described property with or without notice for the purposes of reviewing this development application and enforcing the provisions of the LDC. I agree to at all times maintain proper facilities and safe access for ipspection and enforcing the provisions of the LDC. I agree to at all times maintain proper facilities and safe access for ipspection of the property by El Paso County wile this application

15 NOV 2019

TYPE D APPLICATION FORM 1-2C Page 2 of 2



Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | <u>www.clpasoco.com</u>

Name (Individual or Organization). WILLIAM GUMAN & ASSOCIATES, LTD Mailing Address 731 NORTH WEBER STREET, SUITE 10, COLORAD Daytime Telephone 719-633-9700 mail or Alternative Contact Information		
Name (Individual or Organization). WILLIAM GUMAN & ASSOCIATES. LTD Mailing Address 731 NORTH WEBER STREET, SUITE 10. COLORAD Daylime Telephone	O SPRINGS. CO 80903	
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Name (Individual or Organization). WILLIAM GUMAN & ASSOCIATES, LTD		
Name (Individual or Organization).		
AUTHORIZED REPRESENTATIVE(S): Indicate the (attach additional sheets if necessary)	person(s) authorized to represent the property owner and/or ap	oplicants
bill@guman.net		
Email or Alternative Contact Information		
719-633-9700	Гах	
731 NORTH WEBER STREET. SUITE 10. COLORA Daytime Telephone	DO SPRINGS. CO 80903	
Mailing Address		
WILLIAM GUMAN & ASSOCIATES, LTD.		
Name (Individual or Organization)		ional shi

owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit naming the person as the owner's agent

OWNER/APPLICANT AUTHORIZATION:

To the best of my knowledge, the information on this application and all additional or supplemental documentation is true factual and complete. Lam fully aware that any misrepresentation of any information on this application may be grounds for denial or revocation. I have familiarized myself with the rules, regulations and procedures with respect to preparing and filing this application. Lalso understand that an incorrect submittal may delay review, and that any approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval. Everify that Lam submitting all of the required materials as part of this application and as appropriate to this project, and Lacknowledge that failure to submit all of the necessary may result in my application not being accepted or may extend the length of time needed to review the project. Thereby agree to abide by are a right or obligation transferable by sale. Tacknowledge that Lunderstand that such conditions of use or development restrictions that are a right or obligation transferable by sale. Tacknowledge that Lunderstand the implications of use or development restrictions that are a right or obligation transferable by sale. Tacknowledge that Lunderstand the implications of use or development restrictions that are a right or obligation transferable by sale. Tacknowledge that Lunderstand the implications of use or development restrictions that are a result of subdivision plat notes, deed restrictions, or restrictive covenants. Lagree that if a conflict should result from the request Law submitting to resolve and applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development application and enforcing the provisions of the LDC. Lagree to at all times maintain proper facilities and safe access for inspection of the property by El Paso County while this application is pending.

Owner (s) Signature Kevin O'Neil	Date	15 NOV 2019	
Owner (s) Signature	Date	13 100 2019	
	Date		
Applicant (s) Signature MIL AsLA	Date	15 NOV 2019	
C			

TYPE D APPLICATION FORV 1-2C Page 2 of 2



Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

APPLICANT(s): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

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7 19-633-9700	

Email or Alternative Contact Information:

bill@guman.net

AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):

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OWNER/APPLICANT AUTHORIZATION:

To the best of my knowledge, the information on this application and all additional or supplemental documentation is true, factual and complete. I am fully aware that any misrepresentation of any information on this application may be grounds for denial or revocation. I have familiarized myself with the rules, regulations and procedures with respect to preparing and filling this application. I also understand that an incorrect submittal may delay review, and that any approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval. I verify that I am submitting all of the required materials as part of this application and as appropriate to this project, and I acknowledge that failure to submit all of the necessary may result in my application not being accepted or may extend the length of time needed to review the project. I hereby agree to abide by all conditions of any approvals granted by El Paso County. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I acknowledge that I understand the implications of use or development restrictions that are a result of subdivision plat notes, deed restrictions, or restrictive covenants. I agree that if a conflict should result from the request I am submitting to El Paso County due to subdivision plat notes, deed restrictions, or restrictive covenants, it will be my responsibility to resolve any conflict. I hereby give permission to El Paso County, and applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development application and enforcing the provisio

Owner (s) Signature. Holy Nic Mahon, Trustee	Date	15 NOV 2019
Owner (s) Signature:	Date	11-17-19
Applicant (s) Signature MM Human Bill Guman RLA. ASLA	Dale.	15 NOV 2019

TYPE D APPLICATION FORM 1-2C Page 2 or 2