

El Paso County Development Services Department
 2880 International Circle, Suite 110
 Colorado Springs, CO 80910
 PHONE 719-520-6300
 FAX 719-520-6695

Please only select vacation replat.

Date
File #
Receipt #
PM
Type: A, B, C, D
Office Use Only

Petition/Application Form

Public Hearing Items:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Amended Plat | <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Vacation of Existing Plat |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> PUD | <input type="checkbox"/> Vacation of Interior Lot Line |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Rezone | <input type="checkbox"/> Vacation of Right-of-Way |
| <input type="checkbox"/> Certificate of Designation | <input type="checkbox"/> Site Specific Development Plan/Development Agreement | <input type="checkbox"/> Variance of Use |
| <input type="checkbox"/> Expansion of Legal Nonconforming Use | <input type="checkbox"/> Sketch Plan | <input type="checkbox"/> Vested Property Rights |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Special Use Review | <input type="checkbox"/> Waiver of Regulations |
| <input type="checkbox"/> Location Approval | <input type="checkbox"/> Subdivision Exemption | 1. _____ |
| <input type="checkbox"/> Minor Subdivision | <input checked="" type="checkbox"/> Vacation/Replat | 2. _____ |
| <input type="checkbox"/> Others | | 3. _____ |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Administrative Items:

- | | |
|---|--|
| <input type="checkbox"/> Billboard Credit | <input type="checkbox"/> Temporary Mobile Home Permit |
| <input type="checkbox"/> Care Facility | <input type="checkbox"/> Temporary Use Permit (check one below)* |
| <input type="checkbox"/> Determination of Nonconforming Use | <input type="checkbox"/> Carnival/Circus |
| <input type="checkbox"/> Home Occupation Permit (check one below) | <input type="checkbox"/> Christmas Tree Sales |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Construction Office/Trailer |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Merger by Contiguity | <input type="checkbox"/> Mobile Home/Subdivision Sales Office |
| <input type="checkbox"/> Plot Plan* | <input type="checkbox"/> Seasonal Produce Sales |
| <input type="checkbox"/> Relief Determination by Director | <input type="checkbox"/> Vacation of Interior Lot Line/Easement(s) |
| <input type="checkbox"/> Sign Review* | <input type="checkbox"/> Other _____ |

**Owner's signature not required on these items.*

(Please provide a separate application form for each proposal)

Project Name CATHEDRAL PINES SUBDIVISION FILING 6 LOTS 1 & 2

Describe proposal _____

Tax Schedule No. (s) 620201077 & 620201078

Property Address (s) 4090 FOXCHASE WY & 4120 FOXCHASE WY, COLORADO SPRINGS, CO 80908

Acreage 5.43 ACRES No. of Proposed Lots 2

Existing Zone PUD Proposed Zone PUD

Property Owner Name(s) CATHEDRAL PINES DEVELOPMENT CO.

Address 6265 LEHMAN DR. SUITE 100

COLORADO SPRINGS, CO Zip Code 80918

Office Phone 559-8418 Alternate Phone _____

Mobile Phone 719-321-3847 Fax _____

Email Address BART@ACTIONTEAMCO.COM

Applicant Name CATHEDRAL PINES DEVELOPMENT CO.

Address 6265 LEHMAN DR. SUITE 100

COLORADO SPRINGS, CO Zip Code 80918

Office Phone 559-8418 Alternate Phone _____

Mobile Phone 321-3847 Fax _____

Email Address BART@ACTIONTEAMCO.COM

Contact / Consultant Name BART ATKINSON

Address 6265 LEHMAN DR. SUITE 100

COLORADO SPRINGS, CO 80918 Zip Code 80918

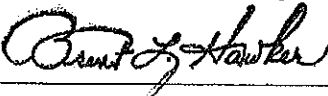
Office Phone 559-8418 Alternate Phone _____

Mobile Phone 321-3847 Fax _____

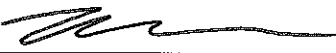
Email Address BART@ACTIONTEAMCO.COM

Owner/Applicant Authorization:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I(we) am(are) fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I(we) have familiarized myself(ourselves) with the rules, regulations and procedures with respect to preparing and filing this application. I(we) also understand that an incorrect submittal will be cause to have the project removed from the agenda of the Planning Commission, Board of County Commissioners and/or Board of Adjustment or delay review, and that 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. Submission of this application and signature of the owner(s) below authorizes the Planning Department, and applicable review agencies, right of entry onto the property for purposes of processing this request.

Owner(s) Signature  Date 5/8/17

Owner(s) Signature _____ Date _____

Applicant Signature  Date 5/8/17

AUTHORIZATION TO SUBMIT APPLICATION (Office Use Only)