

Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910

Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Type D Application Form (1-2C)

Please check the applicable application type (Note: each request requires completion of a separate application form): Appeal Approval of Location Board of Adjustment	Date: Rec'd By:	File : Receipt #			
Certification of Designation Const. Drawings, Minor or Major Development Agreement	PROPERTY INFORM	ATION: Provide info	ormation to identify prop		
 X Final Plat, Minor or Major Final Plat, Amendment Minor Subdivision Planned Unit Dev. Amendment, Major 	proposed development. Attached additional sheets if necessary. Property Address(es): .3405 Hay Creek Road, Colorado Springs, CO				
Preliminary Plan, Major or Minor Rezoning Road Disclaimer SIA, Modification	Tax ID/Parcel Nu 733007025	mbers(s)	Parcel size(s) in Acre 30.05	S:	
Sketch Plan, Major or Minor Sketch Plan, Revision Solid Waste Disposal Site/Facility Special District Special Use	Existing Land U Residential/Agri	se/Development: cultural	Zoning District: RR-5		
 Major Minor, Admin or Renewal Subdivision Exception Vacation Plat Vacation with ROW Vacation of ROW Vacation of ROW Variances Major Minor (2nd Dwelling or Renewal) Tower, Renewal Vested Rights Waiver of Deviation Waiver of Subdivision Regulations WSEO 	 Check this box if Administrative Relief is being requested in association with this application and attach a completed Administrative Relief request form. Check this box if any Waivers are being requested in association with this application for development and attach a completed Waiver request form. <u>PROPERTY OWNER INFORMATION</u>: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners. 				
D Other:	Name (Individual or Organization): 3405 Hay Creek LLC, Jamie Hull				
This application form shall be accompanied by all required support materials.	Mailing Address: 3405 Hay Creek Road, Colorado Springs, CO 80921				
For PCD Office Use:	Daytime Telepl	hone:	Fax:		
DSD File #:		ative Contact Inform est.net	ation:		
	A request for a be served by a	6-lot subdivision, a	mit additional sheets if waiver of the requirement er of the requirement that	t that all lots	



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

Name (Individual or Organization): Vertex Consulting Services, Nina Ruiz	
Mailing Address: 455 E Pikes Peak, Colorado Springs, CO 80910	
Daytime Telephone: 719-433-2018	Fax:
Email or Alternative Contact Information: nina.ruiz@vertexcos.com	

AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) authorized to represent the property owner and/or applicants attach additional sheets if necessary).

Name (Individual or Organization):		
Mailing Address:		
Daytime Telephone:	Fax:	
Email or Alternative Contact Information:		

AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(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 preparing 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 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 of use or development restrictions that are a regult 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 inspection of the property by El Paso County while this application is pending.

Owner (s) Signature:	2 Aul	/	_Date:
~Qumer (s) signature:	~~~~~	~~~~~	~Bate
Applicant (s) Signature:			Date:
		uuu	w
	Please complete.		

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