

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

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

Petition/Application Form

<u>Public Hearing Items:</u>		
<input 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"/> Expansion of Legal Nonconforming Use	<input type="checkbox"/> Variance of Use	
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Sketch Plan	<input type="checkbox"/> Vested Property Rights
<input type="checkbox"/> Location Approval	<input type="checkbox"/> Special Use Review	<input type="checkbox"/> Waiver of Regulations
<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Subdivision Exemption	1. _____
<input type="checkbox"/> Others	<input checked="" type="checkbox"/> Vacation/Replat	2. _____
1. _____		3. _____
2. _____		
3. _____		
<u>Administrative Items:</u>		
<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 Forest Lakes Filing No. 1A

Describe proposal Vacate portion of realigned Forest Lakes Drive, replat along with existing Tract AA and parcel conveyed from County into new tract

Tax Schedule No. (s) 7126006001, 7126000042

Property Address (s) 2107 Forest Lakes Drive, 2020 W. Baptist Road

Acreage 2.537 AC No. of Proposed Lots 1

Existing Zone PUD Proposed Zone PUD

Forest Lakes Metropolitan District c/o Jane Dickenson

Property Owner Name(s) El Paso County BOCC

1111 Main Street, Suite 1600

Address 200 S. Cascade Avenue

Kansas City, MO 64105-2116

Colorado Springs, CO 80903-2202 Zip Code _____

719-327-5810

Office Phone 719-520-7276 Alternate Phone _____

Mobile Phone _____ Fax 719-520-6397

anicholsduffy@aol.com

Email Address _____

Applicant Name Classic Consulting Engineers & Surveyors, LLC

Address 619 N. Cascade Avenue, Suite 200

Colorado Springs, CO Zip Code 80903

Office Phone 719-785-0790 Alternate Phone _____

Mobile Phone _____ Fax 719-785-0799

Email Address kcampbell@classicconsulting.net

Contact / Consultant Name Same as Applicant

Address _____

Zip Code _____

Office Phone _____ Alternate Phone _____

Mobile Phone _____ Fax _____

Email Address _____

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 [Signature] (DIRECTOR) Date 4-10-2017

Owner(s) Signature _____ Date _____

Applicant Signature [Signature] Date 4-18-17

AUTHORIZATION TO SUBMIT APPLICATION (Office Use Only)

Submittal Requirements Matrix

Application Accepted

Project Manager Signature _____

Reference Files _____