



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
- ☐ Certification of Designation
- ☐ Const. Drawings, Minor or Major
- ☐ Development Agreement
- ☐ Final Plat, Minor or Major
- ☐ Final Plat, Amendment
- ☐ Minor Subdivision
- ☐ Planned Unit Dev. Amendment, Major
- ☐ Preliminary Plan, Major or Minor
- ☐ Rezoning
- ☐ Road Disclaimer
- ☐ SIA, Modification
- ☐ Sketch Plan, Major or Minor
- ☐ Sketch Plan, Revision
- ☐ Solid Waste Disposal Site/Facility
- ☐ Special District
- ☐ Special Use
 - ☐ Major
 - ☐ Minor, Admin or Renewal
- ☐ Subdivision Exception
- ☐ Vacation
 - ☐ Plat Vacation with ROW
 - ☐ Vacation of ROW
- ☐ Variances
 - ☐ Major
 - ☐ Minor (2nd Dwelling or Renewal)
 - ☐ Tower, Renewal
- ☐ Vested Rights
- ☐ Waiver or Deviation
- ☐ Waiver of Subdivision Regulations
- ☐ WSEO
- ☐ Other: _____

This application form shall be accompanied by
all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and
the proposed development. Attached additional sheets if necessary.

| | |
|--------------------------------|---------------------------------------|
| Property Address(es): | |
| Tax ID/Parcel Numbers(s) | Parcel size(s) in Acres: 77.66 |
| Existing Land Use/Development: | Zoning District: |

- ☐ 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.

PROPERTY OWNER INFORMATION: Indicate the person(s) or
organization(s) who own the property proposed for development.
Attach additional sheets if there are multiple property owners.

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

For PCD Office Use:

| | |
|-------------|------------|
| Date: | File : |
| Rec'd By: | Receipt #: |
| DSD File #: | |

Description of the request: *(submit additional sheets if necessary):*

| |
|---|
| Rezone and Subdivision to be followed by a replat |
|---|



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- ☐ Vested Rights
- ☐ Waiver or Deviation
- ☐ Waiver of Subdivision Regulations
- ☐ WSEO
- ☐ Other: _____

This application form shall be accompanied by
all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and
the proposed development. Attached additional sheets if necessary.

| | |
|--|---------------------------------|
| Property Address(es): 17390 Shiloh Pines Dr, Monument, CO 80132 | |
| Tax ID/Parcel Numbers(s) 7116101001 | Parcel size(s) in Acres: 2.5 |
| Existing Land Use/Development: SINGLE FAMILY RES | Zoning District: RR-2.5 |

- ☐ 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.

PROPERTY OWNER INFORMATION: Indicate the person(s) or
organization(s) who own the property proposed for development.
Attach additional sheets if there are multiple property owners.

| | |
|---|------|
| Name (Individual or Organization): Brian Peterson | |
| Mailing Address: 17390 Shiloh Pines Dr | |
| Daytime Telephone: 719-244-7391 | Fax: |
| Email or Alternative Contact Information: brianistdy@yahoo.com | |

For PCD Office Use:

| | |
|-------------|------------|
| Date: | File : |
| Rec'd By: | Receipt #: |
| DSD File #: | |

Description of the request: (submit additional sheets if necessary):

| |
|--|
| See Attached Letter of Intent Rezone and Subdivision to be followed by a replat |
|--|



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- ☐ Vested Rights
- ☐ Waiver or Deviation
- ☐ Waiver of Subdivision Regulations
- ☐ WSEO
- ☐ Other: _____

This application form shall be accompanied by
all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and
the proposed development. Attached additional sheets if necessary.

| | |
|--|---------------------------------|
| Property Address(es): 17410 Shiloh Pines Dr, Monument, CO 80132 | |
| Tax ID/Parcel Numbers(s) 7116101002 | Parcel size(s) in Acres: 2.5 |
| Existing Land Use/Development: SINGLE FAMILY RES | Zoning District: RR-2.5 |

- ☐ 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.

PROPERTY OWNER INFORMATION: Indicate the person(s) or
organization(s) who own the property proposed for development.
Attach additional sheets if there are multiple property owners.

| | |
|---|------|
| Name (Individual or Organization): John M. Hershey | |
| Mailing Address: 17410 Shiloh Pines Dr | |
| Daytime Telephone: 719-650-8514 | Fax: |
| Email or Alternative Contact Information: | |

For PCD Office Use:

| | |
|-------------|------------|
| Date: | File : |
| Rec'd By: | Receipt #: |
| DSD File #: | |

Description of the request: (submit additional sheets if necessary):

| |
|---|
| See Attached Letter of Intent. Rezone and Subdivision to be followed by a replat |
|---|



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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): Brian Peterson | |
| Mailing Address: 17390 Shiloh Pines Dr, Monument, CO 80132 | |
| Daytime Telephone: 719-244-7391 | Fax: |
| Email or Alternative Contact Information: brianistdy@yahoo.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): Jerome W Hannigan & Associates Inc | |
| Mailing Address: 19360 Spring Valley Rd Monument, CO 80132 | |
| Daytime Telephone: (719) 481-8292 | Fax: |
| Email or Alternative Contact Information: hannigan.and.assoc@gmail.com | |

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 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 inspection of the property by El Paso County while this application is pending.

Owner (s) Signature: [Signature]
Owner (s) Signature: Thomas D. [Signature]
Applicant (s) Signature: [Signature]

Date: 11/5/2020
Date: 6 Nov 2020
Date: 7 Nov 2020



Jerome W.

HANNIGAN and ASSOCIATES, INC.

Land Planning • Land Surveying • Land Development Consulting

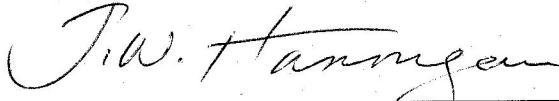
November 29, 2017

Job No. 17-001

MINERAL RIGHTS CERTIFICATION:

This is to certify that on November 08, 2017, I met with Diana Ayles, Research & Titles Coordinator in the El Paso County Tax Assessors Office, while she searched the Assessor's records for any severed mineral right holders on the property known as Peterson's Replat which is located in Shiloh Pines Subdivision and in the NE1/4 of Section 16 in T11S, R67W of the 6th P.M. El Paso County, Colorado.

She found no severed mineral right owners shown on the Assessor's records within that description.



Jerome W. Hannigan, PP,PLS

CERTIFICATION:

I _____ researched the records of the El Paso County Clerk and Recorder and established that there was/was not a mineral estate owner(s) on the real property known as _____. An initial public hearing on _____, which is the subject of the hearing, is scheduled for _____, 2000 _____.

Pursuant to §24-65.5-103(4), C.R.S., I certify that a Notice of an initial public hearing was mailed to the mineral estate owner(s) (if established above) and a copy was mailed to the El Paso County Planning Department on _____, 2000 _____.

Dated this _____ day of _____, 2000 _____.

STATE OF COLORADO)
) s.s.
COUNTY OF EL PASO)

The foregoing certification was acknowledged before me this _____ day of _____, 2000 _____, by _____.

Witness my hand and official seal.

My Commission Expires: _____

Notary Public

Letter of Intent

A Letter of Intent shall be submitted with all zoning, rezoning, special use, variance of use, nonconforming use, sketch plan, preliminary plan, final plat, minor subdivision, vacations, Board of Adjustment petitions, etc. Where applicable, please provide the following appropriate information to serve as a cover page for the Letter of Intent.

For all Letters of Intent, the following information is required:

- ___ 1. Owner/applicant and consultant, including addresses and telephone numbers.
- ___ 2. Site location, size and zoning.
- ___ 3. Request and justification.
- ___ 4. Existing and proposed facilities, structures, roads, etc.
- ___ 5. Waiver requests (if applicable) and justification.

The following information, when applicable, shall be submitted for zoning and rezoning requests:

- ___ 6. The purpose and need for the change in zone classification.
- ___ 7. The total number of acres in the requested area.
- ___ 8. The total number of residential units and densities for each dwelling unit type.
- ___ 9. The number of industrial or commercial sites proposed.
- ___ 10. Approximate floor area ratio of industrial and/or commercial uses.
- ___ 11. The number of mobile home units and densities.
- ___ 12. Typical lot sizes: length and width.
- ___ 13. Type of proposed recreational facilities.
- ___ 14. If phased construction is proposed, how it will be phased.
- ___ 15. Anticipated schedule of development.
- ___ 16. How water and sewer will be provided.
- ___ 17. Proposed uses, relationship between uses and densities.
- ___ 18. Areas of required landscaping.
- ___ 19. Proposed access locations.
- ___ 20. Approximate acres and percent of land to be set aside as open space, not to include parking, drive, and access roads.

Notice to Adjacent Property Owners

A letter of Notice to Adjacent Property Owners shall be submitted with certain land use applications. Please choose one of the following:

- a. Signed Notification of the Adjacent Property Owners (see attached)
- b. Copy of the certified letter receipts to the Adjacent Property Owners.
- c. Both

(Please refer to the attached handout showing the adjacent property owners required.)

For all Notice to Adjacent Property Owners, the following information is required:

1. Please begin your letter with the following paragraph:

"This letter is being sent to you because (Name of Owner/Applicant/Consultant) is proposing a land use project in El Paso County at the referenced location (see item #3). This information is being provided to you prior to a submittal with the County. Please direct any questions on the proposal to the referenced contact(s) in item #2. Prior to any public hearing on this proposal a notification of the time and place of the public hearing will be sent to the adjacent property owners by the El Paso County Planning Department. At that time you will be given the El Paso County contact information, the file number and an opportunity to respond either for, against or expressing no opinion in writing or in person at the public hearing for this proposal."

- ___ 2. For questions specific to this project, please contact:

Owner/applicant and consultant,
addresses and telephone numbers.

- ___ 3. Site address, location, size and zoning.

- ___ 4. Request and justification.

- ___ 5. Existing and proposed facilities, structures, roads, etc.

- ___ 6. Waiver requests (if applicable) and justification.

- ___ 7. Vicinity Map showing the adjacent property owners.

Notification of Adjacent Property Owners

Name and Address of Petitioner(s): _____

Telephone #'s: _____

Description of Proposal: _____

A list of adjacent property owners may be acquired from the County Assessor's office. If adjacent property owners cannot be reached in person, the applicant must send an Adjacent Property Owner Notification letter by certified mail and provide, as part of the submittal, a copy of the letter sent and a copy of each receipt.

The undersigned, being an adjacent property owner, has read the above notification. I understand I may appear in person at the advertised public hearing to further express my comments.

| Date | Owner (Yes or No) | Name (Signature) and Address | Comments |
|------|----------------------|------------------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(For additional space, attach a separate sheet of paper)

Above are the signatures of the adjacent property owners who own the property described after their names or who are located as indicated (e.g. north of the subject property). I hereby acknowledge that the information provided within this notification is correct.

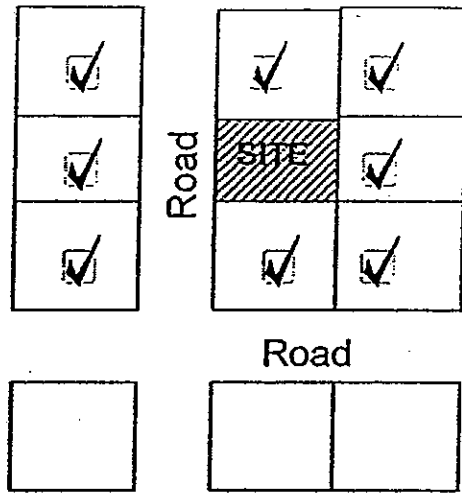
(Signature of Petitioner or Owner)

date

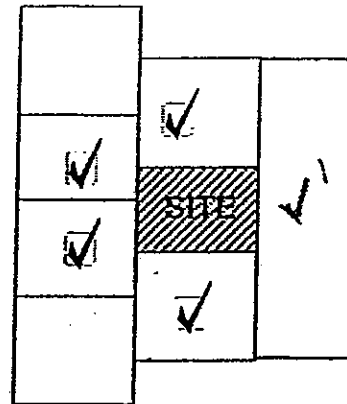
(Signature of Petitioner or Owner)

date

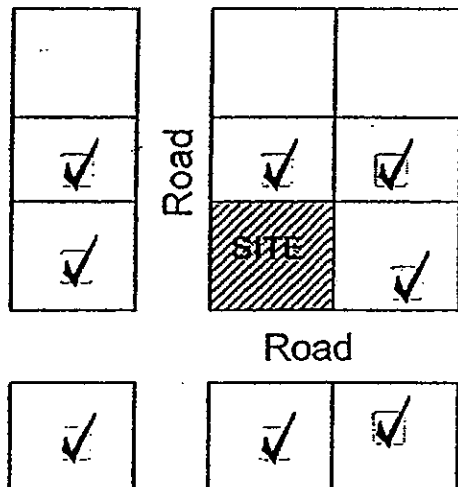
Notification of Adjacent Property Owners



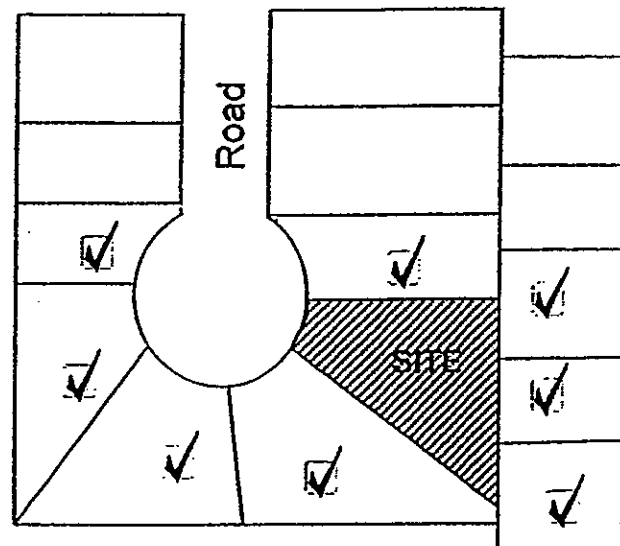
Example 1



Example 2



Example 3



Example 4

REZONE MAP CHECKLIST

PROJECT NAME: _____
SUBMITTAL DATE: ____/____/____
SUBMITTED BY: _____
SUBMITTAL REVIEWED BY: _____

Rezone Map

A map shall be drawn to a scale suitable to describe the information required and shall include:

1. Boundary description of the subject property, which shall illustrate the legal description. ☐
2. Existing land uses and zoning on the property and within five hundred (500) feet of the boundary. ☐
3. Adjoining property ownership. ☐
4. Existing private roads. ☐
5. Existing structures. ☐
6. Existing easements. ☐
7. Name and addresses of the petitioner, owners of all interests (including mineral interests), in the property, and preparer. ☐

Notice to Mineral Estate Owners
§24-65.5-101, et seq., C.R.S. – Checklist and Certification

An examination of the records of the Clerk and Recorder's Office established the following:

Checklist

____ identity of the owner(s) of mineral estate
____ the mineral estate owner(s) has filed a proper notification form
____ the mineral estate owner(s) has recorded an instrument satisfying an applicable dormant mineral
____ interest act
____ no mineral estate owner(s) was found
____ mineral owner(s) waived the right to notice in writing to the Applicant.

If a mineral estate owner(s) exists, a Notice shall be sent to the mineral estate owner no less than thirty (30) days prior to the initial public hearing. The Notice shall include:

____ time and place of initial public hearing
____ nature of hearing
____ location of property/subject of hearing
____ name of applicant
____ notice was sent to mineral estate owner(s) no less than thirty (30) days prior to initial public
____ hearing (do not count day of mailing in thirty (30) day calculation).

If a mineral estate owner(s) exists, a copy of the Notice shall be sent to the local government at the same time as notice s mailed to the mineral owner(s) and no less than thirty (30) days prior to the initial public hearing. The Notice shall include:

____ time and place of initial public hearing
____ nature of hearing
____ location of property/subject of hearing
____ name of applicant
____ name and address of mineral estate owner
____ notice was sent to El Paso County Planning Department no less than thirty (30) days prior to
____ initial public hearing (do not count day of mailing in thirty (30) day calculation).



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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): | |
| Mailing Address: | |
| Daytime Telephone: | Fax: |
| Email or Alternative Contact Information: brianistdy@yahoo.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 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 inspection of the property by El Paso County while this application is pending.

Owner (s) Signature: _____

Date: _____

Owner (s) Signature: _____

Date: _____

Applicant (s) Signature: _____

Date: _____