

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

## Type C Application Form (1-2B)

	applicable application type est requires completion of a on form):	<b>PROPERTY INFORMATION:</b> Provide information to identify properties and the proposed development. Attached additional sheets if necessary.	
<ul> <li>□ Administrative Re</li> <li>□ Certificate of Desi</li> <li>□ Site Development</li> <li>□ Site Development</li> </ul>	ignation, Minor t Plan, Major	Property Address(es): 12220 Preston Pl Peyton Co 80831	
CMRS Co-Location Condominium Pla Crystal Park Plat Early Grading Re	The second secon	Tax ID/Parcel Numbers(s)         Parcel size(s) in Acres:           93000-03-822         5.01           42130 01 016         5.01	
Preliminary Plan Maintenance Agre Minor PUD Amen Resultation	dment	Existing Land Use/Development: Zoning District: Residential RR-5	
<ul> <li>Resubmittal of Application(s) (&gt;3 times)</li> <li>Road or Facility Acceptance, Preliminary</li> <li>Road or Facility Acceptance, Final</li> <li>Townhome Plat</li> <li>Administrative Special Use (mark one)</li></ul>		<ul> <li>Check this box if Administrative Relief is being requested in association with this application and attach a completed Administrative Relief request form.</li> <li>Check this box if any Waivers are being requested in association with this application for development and attach a completed Waiver request form.</li> <li>PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attached additional sheets if there are multiple property owners.</li> <li>Name (Individual or Organization):         <ul> <li>Janice Newcomb</li> <li>Mailing Address:</li> <li>J2220 Preston Pl Peyton co 8083/</li> <li>Daytime Telephone:</li> </ul> </li> </ul>	
		719-749-2694 Email or Alternative Contact Information: 719-499-6113 SUFFFINSMULFED AULICOM	
		Description of the request: (attach additional sheets if necessary):	
Other: This application form shall be accompanied by all required support materials.		Write " request of an administrative special use for a guest house with special provisions for extended family housing."	
For PCD Office Use:			
Rec'd By:	Receipt #:		
DSD File #:		Type C Application Form 1-2B Page 1 or 2	



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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):				
Janièe Newcomb				
Mailing Address:				
12220 Preston Pl Peyton Co 80831				
Daytime Telephone:				
Daytime Telephone: 7/9-749-2694				
Email or Alternative Contact Information:				
SURFFINSMURF @ AOL. COM				
<b><u>AUTHORIZED REPRESENTATIVE(s)</u></b> 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 EI 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:	Janice flut
Owner (s) Signature:	
Applicant (s) Signature	: Jania That

Date: 10-2-18 Date: Date: 10-2-18

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

# Markup Summary

### dsdkendall (4)

application form): traine Relief is of Designation, Minor elogoment Plan, Minor elogoment Plan, Minor Do Locative Agreement minum Play Eliminitate the top Park Plat   number ading Request associated with a styr Plan and constructions () (3 times) Facily Acceptance, Primil Facily Acceptance, Final	Subject: Callout Page Label: 1 Lock: Unlocked Author: dsdkendall Date: 12/11/2018 3:48:01 PM Color:	Eliminate the top number
Y 5000-03-322 Y 2 [30 0] 0 [6 Existing Land Use/Development: Residential     Check this box if Administrative R association with this application and Administrative Relief request form.	Subject: Text Box Page Label: 1 Lock: Unlocked Author: dsdkendall Date: 12/11/2018 3:48:12 PM Color:	Residential
I 3 RR-5 ng requested in	Subject: Text Box Page Label: 1 Lock: Unlocked Author: dsdkendall Date: 12/11/2018 3:48:21 PM Color:	RR-5
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