



Planning and Community Development Department

2880 International Circle, Colorado Springs, CO 80910

Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Type A and B Application Form (1-2a)

Please check the applicable application type (note that separate completed forms are required for each request):

- Administrative Determination
- Administrative Relief
- Billboard Credit
- Code Interpretation
- Combination of Contiguous Parcels by Boundary Line Adjustment
- Determination of Non-conforming Use
- Merger by Contiguity
- Voluntary Merger
- Zoning Compliance
- Other: _____

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

NOTE: The following applications are processed without the use of this application form. Each of the following requires use of a separate request-specific application form:

- BESQCP
- Driveway Permit
- Home Occupation
- Group Home, Adult Care, & Child Care Permit
- Residential Site Plan
- Sign Permit
- Temporary Mobile Home
- Temporary Use, Minor

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

Property Address(es): 15995 Park Avenue	
Tax ID/Parcel Numbers(s) 6128402035	Parcel Size(s) in Acres: 1.38
Existing Land Use/Development RR 5	Zoning District: Select zoning district EL Paso
Legal Description (can be provided as an attachment): Lots 13 & 14, Black Forest Park Sub BLK 3	

- 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. Attached additional sheets if there are multiple property owners.

Name (Individual or Organization): Matthew D. Pickett	
Mailing Address: 15955 Park Avenue	
Daytime Telephone: 719-896-6288	Fax: 719-213-2880
Email or Alternative Contact Information: mdpickett1@gmail.com	

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

old North Gate Road to Roller Coaster North to Evergreen East to Park Ave. North to property

For Office Use:	
Date:	File #:
Rec'd By:	Receipt #:
DSD File #:	



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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): <i>Matthew D. Pickett</i>	
Mailing Address: <i>15955 Park Ave Colorado Springs, CO 80921</i>	
Daytime Telephone: <i>719-896-6288</i>	Fax: <i>N-A</i>
Email or Alternative Contact Information: <i>mdpickett1@gmail.com</i>	

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): <i>Same as above</i>	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	

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]*

Date: *1-10-2018*

Owner (s) Signature: _____

Date: _____

Applicant (s) Signature: *[Signature]*

Date: *1-10-2018*