

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 applic (Note: each request rec separate application fo	quires completion of a		Provide information to identify properties and it. Attached additional sheets if necessary.	
□ Appeal		Property Address(es):		
 □ Appeal □ Approval of Location □ Board of Adjustment □ Certification of Designation □ Const. Drawings, Minor or Major □ Development Agreement ☑ Final Plat, Minor or Major 		N/A		
		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
		5200000552	correct parcels 34.806	
☐ Final Plat, Amendment ☐ Minor Subdivision		Existing Land Use/Developn	nent: Zoning District:	
☐ Planned Unit Dev. Amendment, Major		Vacant	RR-5	
☐ Preliminary Plan, Major or Minor				
□ Rezoning□ Road Disclaimer		☐ Check this box if Adn	ninistrative Relief is being requested in	
□ SIA, Modification □ Sketch Plan, Major or Minor		association with this application and attach a completed		
☐ Sketch Plan, Revision		Administrative Relief request form. □ Check this box if any Waivers are being requested in association		
☐ Solid Waste Disposal Site/Facility ☐ Special District		with this application for development and attach a completed		
Special Use □ Major		Waiver request form.		
☐ Minor, Admin or Renewal ☐ Subdivision Exception		PROPERTY OWNER INFORMATION: Indicate the person(s) or		
Vacation ☐ Plat Vacation with ROW		organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.		
☐ Vacation of ROW				
Variances □ Major		Name (Individual or Organization):		
☐ Minor (2 nd Dwelling or Renewal)		Classic SRJ Land LLC		
☐ Tower, Renewal		Mailing Address:		
☐ Vested Rights ☐ Waiver or Deviation		2138 FLYING HORSE CLUB DR		
☐ Waiver of Subdivision Regulations ☐ WSEO		Daytime Telephone:	Fax:	
☐ Other:		719-952-9333		
		Email or Alternative Contact Information:		
This application form sl all required support ma	nall be accompanied by terials.			
For PCD	Office Use:	Description of the reque	st: (submit additional sheets if necessary):	
Date: File :			contain attached and detached	
Rec'd By: Receipt #:		single-family homes in	single-family homes in addition to tracts and rights-of-way.	
	1.000ipt #.			
OSD File #:	<u> </u>	⊣		



Applicant (s) Signature:

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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): Same as Owner Mailing Address: Daytime Telephone: Fax: **Email or Alternative Contact Information:** 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): N.E.S. Inc. Mailing Address: 619 N Cascade Ave, Suite 200 Colorado Springs, CO 80903 Daytime Telephone: Fax: 719-471-0073 **Email or Alternative Contact Information:** abarlow@nescolorado.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 gevel ment 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:

1/22/2025

Date: