

Planning and Community Development Department

2880 International Circle, Colorado Springs, CO 80910

Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Application Form

Please check the applicable application type (Note: each request requires completion of a separate application form):	PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary.
Administrative Determination Administrative Relief Appeal	Property Address(es):
Approval of Location Billboard Credit	4511 RED ROCK RANCH DRIVE
Board of Adjustment – Dimensional Variance Cartificate of Designation	Tax ID/Parcel Numbers(s) Parcel size(s) in Acres:
Gombination of Contiguous Parcels by Boundary Line	7117004016 2.82
Construction Drawings Condominium Plat	Existing Land Use/Development:
Crystal Park Plat Development Agreement	VACANT RESIDENTIAL
Early Grading Request	Existing Zoning District: Proposed Zoning District (if applicable):
Maintenance Agreement	RR-0.5 RR-0.5
Townhome Plat Planned Unit Development Preliminary Plan Rezoning Road Disclaimer Road or Facility Acceptance Site Development Plan Sketch Plan Sketch Plan Solid Waste Disposal Site/Facility Special District Special Use Subdivision Exemption Subdivision Improvement Agreement Variance of Use WSEO	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): WILLIAM KENT & AMY JOHNSON
	Mailing Address: 3448 OSPREY RIDGE DR COLORADO SPRINGS CO, 80916-5733
	Daytime Telephone: 256-426-7817
Y Dother - vacation and replat	Email or Alternative Contact Information:
This application form shall be accompanied by all required support materials.	willkent74@icloud.com
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DESCRIPTION OF THE REQUEST: (attach additional sheets if necessary):

COMBINE TRACT C, RED ROCK RESERVE SUBDIVISION & LOT 1, McMILLEN SUBDIVISION INTO 1 BUILDABLE LOT

vacation and replat of lot one and tract C :remove lot line between lot one and tract C



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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): JAMES BRINKMAN, CROSS	ED PATHS SURVEYING	
Mailing Address: PO BOX 88155 COLORADO	SPRINGS CO 80908	
Daytime Telephone: 719-661-2349	Email or Alternative Contact Information: jimpls@xpathinc.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):	
Marilia - Addresser	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:

AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):

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. Lacknowledge that Lunderstand 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 nonding

percuring.
Owner (s) Signature: Clumm Kent
Owner (s) Signature: Amy Johnson
Applicant (s) Signature:
George Contraction of the second seco

Date:	11/28/24	
Date:	11/29/24	
Date:	11/27/24	

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