

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 for	quires completion of a	PROPERTY INFORMATION: Provide the proposed development. Attack			
□ Appeal □ Approval of Location □ Board of Adjustment		Property Address(es):			
☐ Certification of Designation ☐ Const. Drawings, Minor or Major ☐ Development Agreement ☐ Final Plot Minor or Major		Tax ID/Parcel Numbers(s)	Parcel size(s) in A	Parcel size(s) in Acres:	
☐ Final Plat, Minor or Majo ☐ Final Plat, Amendment ☐ Minor Subdivision ☐ Planned Unit Dev. Amel Major		Existing Land Use/Development:	Existing Zoning District:	Proposed Zoning District:	
□ Preliminary Plan, Major□ Rezoning□ Road Disclaimer	or Minor	☐ Check this box if Administr	rative Relief is being	requested in	
☐ SIA, Modification☐ Sketch Plan, Major or Minor☐ Sketch Plan, Revision		association with this application and attach a completed Administrative Relief request form. ☐ Check this box if any Waivers are being requested in association			
☐ Solid Waste Disposal Site/Facility ☐ Special District Special Use ☐ Major		with this application for development and attach a completed Waiver request form.			
☐ Minor, Admin or Renewal☐ Subdivision ExceptionVacation☐ Plat Vacation with ROW		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.			
☐ Vacation of ROW Variances ☐ Major ☐ Minor (2 nd Dwelling or Renewal)		Name (Individual or Organization):			
☐ Towner, Renewal ☐ Vested Rights ☐ Waiver or Deviation		Mailing Address:			
☐ Waiver of Subdivision Regulations ☐ WSEO ☐ Other:		Daytime Telephone:	Fax:		
This application form shall required support mat	nall be accompanied by terials.	Email or Alternative Contact Inform	nation:		
For PCD (Office Use:	Description of the request: (s	submit additional she	ets if necessary):	
Date:	File:				
Rec'd By:	Receipt #:				
OSD 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)

necessary)	
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
AUTHORIZED REPRESENTATIVE(s): Indicate th (attach additional sheets if necessary).	e person(s) authorized to represent the property owner and/or applicants
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
	ENTATIVE(s): e A or B Development Application. An owner's signature may only be executed by the oplication is accompanied by a completed Authority to Represent/Owner's Affidavit
Owner/Applicant Authorization: To the best of my knowledge, the information on the complete. I am fully aware that any misrepresentate have familiarized myself with the rules, regulations that an incorrect submittal may delay review, and the application and may be revoked on any breach of required materials as part of this application and as materials to allow a complete review and reasonable may result in my application not being accepted or reall conditions of any approvals granted by El Paso are a right or obligation transferable by sale. I ack a result of subdivision plat notes, deed restrictions, submitting to El Paso County due to subdivision plat any conflict. I hereby give permission to El Paso or without notice for the purposes of reviewing this conditions and safe access for inspections.	is application and all additional or supplemental documentation is true, factual and on of any information on this application may be grounds for denial or revocation. I and procedures with respect to preparing and filling this application. I also understant any approval of this application is based on the representations made in the expresentation or condition(s) of approval. I verify that I am submitting all of the appropriate to this project, and I acknowledge that failure to submit all of the necessale determination of conformance with the County's rules, regulations and ordinance may extend the length of time needed to review the project. I hereby agree to abide I County. I understand that such conditions shall apply to the subject property only an anowledge that I understand the implications of use or development restrictions that a correstrictive covenants. I agree that if a conflict should result from the request I am at notes, deed restrictions, or restrictive covenants, it will be my responsibility to resolve to the property of the property of the LDC. I agree to at all time the county, and application and enforcing the provisions of the LDC. I agree to at all time county.
Owner (s) Signature:	
Owner (s) Signature:	
Applicant (s) Signature:	Date: