

## 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 in the proposed development. Attack	nformation to identify properties and ned additional sheets if necessary.	
□ Appeal     □ Approval of Location     □ Board of Adjustment		Property Address(es): 13055 Herring Road, Colorado Springs, CO 80908		
☐ Certification of Designation		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
<ul><li>Const. Drawings, Minor or Major</li></ul>		5209000030		
☐ Development Agreement		3203000030	14.63 Acres (7.59 acres to	
☐ Final Plat, Minor or Major			be rezoned)	
☐ Final Plat, Amendment		Evicting Land Llas/Davalanments	Zanina Dietviet	
☐ Minor Subdivision		Existing Land Use/Development:	Zoning District:	
☐ Planned Unit Dev. Amendment,		Rural Residential	RR-5	
Major  □ Preliminary Plan Major	or Minor			
☐ Preliminary Plan, Major or Minor X Rezoning				
☐ Road Disclaimer		Chook this box if Administra	tive Police is being requested	
☐ SIA, Modification		☐ Check this box if <b>Administrative Relief</b> is being requested in association with this application and attach a completed		
☐ Sketch Plan, Major or Minor		· ·		
☐ Sketch Plan, Revision		Administrative Relief request form.		
☐ Solid Waste Disposal Site/Facility		☐ Check this box if any <b>Waivers</b> are being requested in		
☐ Special District		association with this application for development and attach a		
Special Use		completed Waiver request fo	rm.	
☐ Major				
☐ Minor, Admin or Renewal		PROPERTY OWNER INFORMATION: Indicate the person(s) or		
☐ Subdivision Exception  Vacation		organization(s) who own the property proposed for development.		
☐ Plat Vacation with ROW		Attach additional sheets if there are multiple property owners.		
☐ Vacation of ROW		Attach additional sheets if there are multiple property owners.		
Variances		Name (Individual or Organization):		
Major			Sherry Kershman	
☐ Minor (2 <sup>nd</sup> Dwelling or			, , , , , , , , , , , , , , , , , , , ,	
Renewal)		Mailing Address:		
☐ Tower, Renewal			13055 Herring Road, Colorado Springs, CO 80908	
<ul><li>Vested Rights</li><li>Waiver or Deviation</li></ul>		]   3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
☐ Waiver of Subdivision Regulations		Daytime Telephone:	Fax:	
☐ WSEO	togulations	719-482-4964	rax.	
		719-402-4304		
□ Other:				
		Email or Alternative Contact Information:		
This application form shall be accompanied		jacob.kershman@gmail.com		
by all required support materials.				
For PCD Office Use:		Description of the request: (sui	bmit additional sheets if necessary):	
Date:	File :	Rezone from the RR-5 to RR-2.5	zoning district	
		Nezone nom the KK-2.5	Zoning district.	
Rec'd By:	Receipt #:	— <u>[</u>		
100 a Dy.	1 tooolpt II.			
		_		
OSD File #:				



## **Planning and Community Development Department**

2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Applicant(s): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets

	ation in different trian the property owner(3) (attach additional sheets
if necessary)	
Name (Individual or Organization): Vertex Consulting Services, Nina Ruiz	
THE HOLD AND THE PRODUCTION AND THE PRODUCTION OF THE PRODUCTION O	
Mailing Address:	
PO Box 1385, Colorado Springs, CO 80901	
Daytime Telephone:	Fax:
719-733-8605	
Email or Alternative Contact Information:	
nina.ruiz@vertexcos.com	
A	
attach additional sheets if necessary).	authorized to represent the property owner and/or applicants
Name (Individual or Organization):	
rano (marriada or organization).	
Mailing Address:	
Mailing Address.	
D. V. T.I.	
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 D	Development Application. An owner's signature may only be executed by
	ion is accompanied by a completed Authority to Represent/Owner's
Affidavit naming the person as the owner's agent	
OWNER/APPLICANT AUTHORIZATION:	
	n and all additional or supplemental documentation is true, factual and
	formation on this application may be grounds for denial or revocation. I have
	vith respect to preparing and filing this application. I also understand that an
	this application is based on the representations made in the application and  of approval. I verify that I am submitting all of the required materials as part
	owledge that failure to submit all of the necessary materials to allow a
	with the County's rules, regulations and ordinances may result in my
	e needed to review the project. I hereby agree to abide by all conditions of
any approvals granted by El Paso County. I understand that sur	ch conditions shall apply to the subject property only and are a right or
	the implications of use or development restrictions that are a result of
	s. I agree that if a conflict should result from the request I am submitting to El
	r restrictive covenants, it will be my responsibility to resolve any conflict. I
	ew agencies, to enter on the above described property with or without notice
facilities and safe access for inspection of the property by El Pa	enforcing the provisions of the LDC. I agree to at all times maintain proper aso County while this application is pending.
Owner (s) Signature: Hkeller	Date: 3/14/23
Quant (2) Simple 11	Date: = 1 / / 3
Owner (s) Signature: Sherry N. Kershman	Date: 3/14/23
Applicant (s) Signature:	Date: