

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 applicable applicable (Note: each request requires com separate application form):		PROPERTY INFORMATION: Provide in the proposed development. Attache	nformation to identify properties and ed additional sheets if necessary.	
□ Appeal □ Approval of Location □ Board of Adjustment		Property Address(es):		
☐ Certification of Designation☐ Const. Drawings, Minor or Major☐ Development Agreement☐ Final Plat, Minor or Major		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
☐ Final Plat, Amendment ☐ Minor Subdivision ☐ Planned Unit Dev. Amendment, Major ☐ Preliminary Plan, Major or Minor ☐ Rezoning ☐ Road Disclaimer ☐ SIA, Modification ☐ Sketch Plan, Major or Minor ☐ Sketch Plan, Revision ☐ Solid Waste Disposal Site/Facility ☐ Special District Special Use ☐ Major		Existing Land Use/Development:	Zoning District:	
		 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. 		
☐ Minor, Admin or Renewal ☐ Subdivision Exception Vacation ☐ Plat Vacation with ROW ☐ Vacation of ROW		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.		
Variances □ Major □ Minor (2 nd Dwelling or Renewal)		Name (Individual or Organization):		
☐ Tower, Renewal ☐ Vested Rights ☐ Waiver or Deviation		Mailing Address:		
☐ Waiver of Subdivision Regulations ☐ WSEO ☐ Other:		Daytime Telephone:	Fax:	
This application form shall be according all required support materials.	ompanied by	Email or Alternative Contact Information	tion:	
For PCD Office Us	se:	Description of the request: (sub	bmit additional sheets if necessary):	
Date: File :				
Rec'd By: Receipt #	# :			
OSD File #:				



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<u>APPLICANT(s):</u> Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

110000001) /		
Name (Individual or Organization):		
Mailing Address:		
Daytime Telephone:	Fax:	
Email or Alternative Contact Information:		
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) au (attach additional sheets if necessary). Name (Individual or Organization): M.V.E., Inc. / Dave Gorman	uthorized to represent the prope	rty owner and/or applicants
Mailing Address:		
1903 Lelaray Street, Suite 200, Colorado Springs Daytime Telephone: (719) 635-5736	Fax:	
Email or Alternative Contact Information: daveg@mvecivil.com		
AUTHORIZATION FOR OWNER'S APPLICANT(s)/REPRESENTATIVE(s): An owner signature is not required to process a Type A or B Develor owner or an authorized representative where the application is accommodified the person as the owner's agent		
Owner/Applicant Authorization: To the best of my knowledge, the information on this application are complete. I am fully aware that any misrepresentation of any information have familiarized myself with the rules, regulations and procedures that an incorrect submittal may delay review, and that any approve application and may be revoked on any breach of representation or required materials as part of this application and as appropriate to the materials to allow a complete review and reasonable determination may result in my application not being accepted or may extend the lall conditions of any approvals granted by El Paso County. I under are a right or obligation transferable by sale. I acknowledge that I a result of subdivision plat notes, deed restrictions, or restrictive consubmitting to El Paso County due to subdivision plat notes, deed reany conflict. I hereby give permission to El Paso County, and apport without notice for the purposes of reviewing this development apmaintain proper facilities and safe access for inspection of the proposes.	nation on this application may be great with respect to preparing and filing of this application is based on the or condition(s) of approval. I verify his project, and I acknowledge that for of conformance with the County's ength of time needed to review the pastand that such conditions shall appunderstand the implications of use overnants. I agree that if a conflict shatictoris, or restrictive covenants, i dicable review agencies, to enter on plication and enforcing the provision	rounds for denial or revocation. In this application. It also understand representations made in the that I am submitting all of the failure to submit all of the necessary rules, regulations and ordinances project. If hereby agree to abide by the subject property only and or development restrictions that are nould result from the request I am the will be my responsibility to resolve the above described property with as of the LDC. If agree to at all times
		12-23-2022
Owner (s) Signature:	Date:	
Applicant (s) Signature:	Date [.]	