

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 application for separate application for	quires completion of a		
□ Append		Property Address(es):	
□ Appeal □ Approval of Location ☑ Board of Adjustment		8812 Cliff Allen Pt, Colorado Springs, CO 80908	
☐ Certification of Designation ☐ Const. Drawings, Minor or Major		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
☐ Development Agreement ☐ Final Plat, Minor or Major		5233002013	5.29 ACRES
☐ Final Plat, Amendment		Existing Land Use/Development:	Zoning District:
☐ Minor Subdivision ☐ Planned Unit Dev. Amendment,		VEHICLE/EQUIPMENT	
Major		REPAIR, STORAGE, ETC.	I-3 CAD-O
□ Preliminary Plan, Major or Minor □ Rezoning			
☐ Road Disclaimer		☐ Check this box if Administrati	ve Relief is being requested in
☐ SIA, Modification		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 Waivers are being requested in association	
□ Special District Special Use		with this application for development and attach a completed	
□ Major		Waiver request form.	
☐ 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 Variances			
□ Major		Name (Individual or Organization):	
☐ Minor (2 nd Dwelling or		BR 8812 CLIFF ALLEN PT LLC	
Renewal) □ Tower, Renewal		Mailing Address:	
□ Vested Rights		PO Box 88120 Colorado Springs, CO 80908-8120	
☐ Waiver or Deviation ☐ Waiver of Subdivision Regulations		·	•
□ WSEO	Regulations	Daytime Telephone:	Fax:
□ Other:		Email or Alternative Contact Informat	
This application form shall be accompanied by		Email of Alternative Contact Information:	
all required support ma			
For PCD	Office Use:	Description of the request: (sub	mit additional sheets if necessary):
Date:	File:	Dimensional Variance Request:	
Rec'd By:	Receipt #:	Northern Building Setback R	Reduction: 30' (100' to 70')
OSD File #:		Western Building Setback Reduction: 65' (100' to 35')	
		· ·	



Planning and Community Development Department

2880 International Circle, Colorado Springs, CO 80910

Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

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

necessary)				
Name (Individual or Organization): Richard Graham Jr.				
Mailing Address: 4615 Northpark Drive, Colorado Springs, CO 80918				
Daytime Telephone: (719) 440-9414	Fax:			
Email or Alternative Contact Information: grahamii	nvestments@gmail.com			
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) au (attach additional sheets if necessary). Name (Individual or Organization):	thorized to represent the property owner and/or applicants			
Jim Houk				
Mailing Address: 2 N. Nevada Avenue, Colorado Springs, CO 80903				
Daytime Telephone: (719) 284-7280	Fax:			
Email or Alternative Contact Information: jim.houk@kimley-horn.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 accomaling the person as the owner's agent	opment Application. An owner's signature may only be executed by the companied by a completed Authority to Represent/Owner's Affidavit			
complete. I am fully aware that any misrepresentation of any inform have familiarized myself with the rules, regulations and procedures that an incorrect submittal may delay review, and that any approva application and may be revoked on any breach of representation o 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 least conditions of any approvals granted by El Paso County. I under are a right or obligation transferable by sale. I acknowledge that I is 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 applications.	r condition(s) of approval. I verify that I am submitting all of the his project, and I acknowledge that failure to submit all of the necessary of conformance with the County's rules, regulations and ordinances ength of time needed to review the project. I hereby agree to abide by stand that such conditions shall apply to the subject property only and understand the implications of use or development restrictions that are evenants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve licable review agencies, to enter on the above described property with olication and enforcing the provisions of the LDC. I agree to at all times			