



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 application type (Note: each request requires completion of a separate application form):

- Appeal
- Approval of Location
- Board of Adjustment
- Certification of Designation
- Const. Drawings, Minor or Major
- Development Agreement
- Final Plat, Minor or Major
- 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
 - Minor, Admin or Renewal
- Subdivision Exception
- Vacation
 - Plat Vacation with ROW
 - Vacation of ROW
- Variances
 - Major
 - Minor (2nd Dwelling or Renewal)
 - Tower, Renewal
- Vested Rights
- Waiver or Deviation
- Waiver of Subdivision Regulations
- WSEO
- Other: _____

This application form shall be accompanied by all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.

Property Address(es): 16875 Oldborough Heights	
Tax ID/Parcel Numbers(s) 6121005006	Parcel size(s) in Acres: 4.49 AC
Existing Land Use/Development:	Zoning District: PUD

- 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.

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): Wyatt M & Candice Comer	
Mailing Address: 5762 Tombstone Trail, Colorado Springs, CO 80923	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	

Description of the request: *(submit additional sheets if necessary):*

Reposition of Building Envelope limited to Lot 6
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For PCD Office Use:	
Date:	File :
Rec'd By:	Receipt #:
DSD File #:	