Planning and Community Development Department
2880 International Circle, Colorado Springs, CO 80910
Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Application Form

Please check the applicable application type (Note: each request requires completion of a separate application form):

- ☐ Administrative Determination
- ☐ Administrative Relief
- ☐ Appeal
- ☐ Approval of Location
- ☐ Billboard Credit
- ☐ Board of Adjustment – Dimensional Variance
- ☐ Certificate of Designation
- ☐ Combination of Contiguous Parcels by Boundary Line Adjustment
- ☐ Construction Drawings
- ☐ Condominium Plat
- ☐ Crystal Park Plat
- ☐ Development Agreement
- ☐ Early Grading Request
- ■ Final Plat
- ☐ Maintenance Agreement
- ☐ Merger by Contiguity
- ☐ Townhome Plat
- ☐ Planned Unit Development
- ☐ Preliminary Plan
- ■ Rezoning
- ☐ Road Disclaimer
- ☐ Road or Facility Acceptance
- ☐ Site Development Plan
- ☐ Sketch Plan
- ☐ Solid Waste Disposal Site/Facility
- ☐ Special District
- ☐ Special Use
- ☐ Subdivision Exemption
- ☐ Subdivision Improvement Agreement
- ☐ Variance of Use
- ☐ WSEO
- ☐ Other: _____

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

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

Property Address(es): 15850 Siesta Grove	
Tax ID/Parcel Numbers(s): 6100000292	Parcel size(s) in Acres: 35.08
Existing Land Use/Development: Residential	
Existing Zoning District: RR-5	Proposed Zoning District (if applicable): RR-2.5

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): Le Diamant De Famille (Quentin Dassonville)
Mailing Address: 15850 Siesta Grove
Daytime Telephone: 719-205-9760
Email or Alternative Contact Information: quentindassonville@hotmail.com

DESCRIPTION OF THE REQUEST: *(attach additional sheets if necessary):*

A request for a rezone and subdivision to create single-family residential lots.

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APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary).

Name (Individual or Organization):	
Vertex Consulting Services	
Mailing Address:	
Delmonico Drive Suite 320, Colorado Springs, CO 80919	
Daytime Telephone:	Email or Alternative Contact Information:
719-433-2018	nina.dossey@vertexcos.com

AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants (attach additional sheets if necessary).

Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:

AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):
An owner's signature may only be executed by the owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit naming the person as the owner's agent.

OWNER/APPLICANT AUTHORIZATION:
To the best of my knowledge, the information on this application and all additional or supplemental documentation is true, factual and complete. I am fully aware that any misrepresentation of any information on this application may be grounds for denial or revocation. I have familiarized myself with the rules, regulations and procedures with respect to preparing and filing this application. I also understand that an incorrect submittal may delay review, and that any approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval. I verify that I am submitting all of the required materials as part of this application and as appropriate to this project, and I acknowledge that failure to submit all of the necessary materials to allow a complete review and reasonable determination of conformance with the County's rules, regulations and ordinances may result in my application not being accepted or may extend the length of time needed to review the project. I hereby agree to abide by all conditions of any approvals granted by El Paso County. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I acknowledge that I understand the implications of use or development restrictions that are a result of subdivision plat notes, deed restrictions, or restrictive covenants. I agree that if a conflict should result from the request I am submitting to El Paso County due to subdivision plat notes, deed restrictions, or restrictive covenants, it will be my responsibility to resolve any conflict. I hereby give permission to El Paso County, and applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development application and enforcing the provisions of the LDC. I agree to at all times maintain proper facilities and safe access for inspection of the property by El Paso County while this application is pending.

Owner (s) Signature: _____ Date: 6/23/26

Owner (s) Signature: _____ Date: _____

Applicant (s) Signature: _____ Date: 6.23.26