

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):	PROPERTY INFORMATION: Provide in and the proposed development. An necessary.	
 ☐ Administrative Determination ☐ Administrative Relief ☐ Appeal ☐ Approval of Location ☐ Billboard Credit 	Property Address(es):	
 □ Board of Adjustment – Dimensional Variance □ Certificate of Designation □ Combination of Contiguous Parcels by Boundary Line Adjustment 	Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
☐ Construction Drawings ☐ Condominium Plat ☐ Crystal Park Plat ☐ Development Agreement ☐ Farky Grading Poquet	Existing Land Use/Development:	
 □ Early Grading Request □ Final Plat □ Maintenance Agreement □ Merger by Contiguity □ Townhome Plat 	Existing Zoning District:	Proposed Zoning District (if applicable):
 □ Planned Unit Development □ Preliminary Plan □ Rezoning □ Road Disclaimer □ Road or Facility Acceptance □ Site Development Discussion 	<u>Property Owner Information</u> : Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.	
 ☐ Site Development Plan ☐ Sketch Plan ☐ Solid Waste Disposal Site/Facility ☐ Special District ☐ Special Use 	Name (Individual or Organization): Mailing Address:	
 □ Subdivision Exemption □ Subdivision Improvement Agreement □ Variance of Use 	Daytime Telephone:	
□ WSEO □ Other:		
This application form shall be accompanied by all required support materials.	Email or Alternative Contact Inforn	nation:
ESCRIPTION OF THE REQUEST: (attach additional sheet	ts if necessary):	



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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).

necessary).	
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:
AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authoral sheets if necessary).	orized to represent the property owner and/or applicants (attach
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:
AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE	E(c).
	n authorized representative where the application is accompanied
factual and complete. I am fully aware that any misrepresents denial or revocation. I have familiarized myself with the rules, application. I also understand that an incorrect submittal may the representations made in the application and may be revoverify that I am submitting all of the required materials as paracknowledge that failure to submit all of the necessary material conformance with the County's rules, regulations and ordinare the length of time needed to review the project. I hereby agree County. I understand that such conditions shall apply to the sale. I acknowledge that I understand the implications of use conotes, deed restrictions, or restrictive covenants. I agree that Paso County due to subdivision plat notes, deed restrictions, conflict. I hereby give permission to El Paso County, and appli with or without notice for the purposes of reviewing this devel to at all times maintain proper facilities and safe access for inspending.	ction and all additional or supplemental documentation is true, action of any information on this application may be grounds for regulations and procedures with respect to preparing and filing the delay review, and that any approval of this application is based or ked on any breach of representation or condition(s) of approval. I to fit this application and as appropriate to this project, and I als to allow a complete review and reasonable determination of inces may result in my application not being accepted or may extend a to abide by all conditions of any approvals granted by El Paso subject property only and are a right or obligation transferable by or development restrictions that are a result of subdivision plat if a conflict should result from the request I am submitting to El or restrictive covenants, it will be my responsibility to resolve any icable review agencies, to enter on the above described property opment application and enforcing the provisions of the LDC. I agree spection of the property by El Paso County while this application is
Owner (s) Signature:	Date:
Owner (s) Signature:	Date:
Applicant (s) Signature:	Date: