

DSD File #:

Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910

Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Type C Application Form (1-2R)

| | туре | C Application Form (1-2B) | | |
|--|--------------------------------|---|--|--|
| Please check the applic (Note: each request req separate application for | uires completion of a | PROPERTY INFORMATION: Provide in the proposed development. Attached | | |
| □ Administrative Relief □ Certificate of Designation, Minor □ Site Development Plan, Major □ Site Development Plan, Minor □ CMRS Co-Location Agreement □ Condominium Plat □ Crystal Park Plat □ Early Grading Request associated with a Preliminary Plan □ Maintenance Agreement □ Minor PUD Amendment □ Resubmittal of Application(s) (>3 times) □ Road or Facility Acceptance, Preliminary □ Road or Facility Acceptance, Final □ Townhome Plat Administrative Special Use (mark one) □ Extended Family Dwelling □ Temporary Mining or Batch Plant □ Oil and/or Gas Operations □ Rural Home Occupation □ Tower Renewal □ Other Construction Drawing Review and Permits (mark one) □ Approved Construction Drawings □ Construction Permit □ Major Final Plat □ Minor Subdivision with □ Improvements □ Site Development Plan, Major □ Site Development Plan, Minor □ Early Grading or Grading □ ESQCP Minor Vacations (mark one) □ Vacation of Interior | | Property Address(es): | Confirm address. El Paso county tax assessors office has | |
| | | Tax ID/Parcel Numbers(s) | this location addressed as 11598 Hahn Road | |
| | | Existing Land Use/Development: | Zoning C | |
| | | ☐ 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 proper Attached additional sheets if there a Name (Individual or Organization): | • • • | |
| | | Mailing Address: | | |
| | | Daytime Telephone: | Fax: | |
| | | Email or Alternative Contact Informa | tion: | |
| ☐ Sight Visibility ☐ View Corridor | | Description of the request: (atta | nch additional sheets if necessary): | |
| ☐ Other: | all be accompanied by all als. | | | |
| For DCD (| Office Use: | | | |
| Date: | File : | - | | |
| Rec'd By: | Receipt #: | - | | |





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| APPLICANT(s): Indicate person(s) submitting the application | on if different than the prop | perty owner(s) (attach additional sheets i |
|--|--|---|
| necessary). | | |
| Name (Individual or Organization): Lorelei Foronda, Md7 | agent obo AT&T | |
| Mailing Address: | | |
| 10590 W. Ocean Air Dr. Ste. 300, Sa | n Diego, CA 92130 | |
| Daytime Telephone: 858-754-2151 | Fax: | |
| Email or Alternative Contact Information Iforonda@md7.co | om | |
| AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) (attach additional sheets if necessary). Name (Individual or Organization): | | ne property owner and/or applicants |
| Lorelei Foronda, Md7 | agent obo AT&T | |
| Mailing Address: | | · |
| 10590 W. Ocean Air Dr. Ste. 300, Sa | n Diego, CA 92130 | |
| Daytime Telephone: 858-754-2151 | Fax: | |
| Email or Alternative Contact Information: | | |
| lforonda@md7.co | m | |
| AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTAT An owner signature is not required to process a Type A or B Dev owner or an authorized representative where the application is a naming the person as the owner's agent OWNER/APPLICANT AUTHORIZATION: | elopment Application. An own accompanied by a completed | Authority to Represent/Owner's Affidavit |
| To the best of my knowledge, the information on this application complete. I am fully aware that any misrepresentation of any information have familiarized myself with the rules, regulations and procedur that an incorrect submittal may delay review, and that any approapplication and may be revoked on any breach of representation required materials as part of this application and as appropriate to materials to allow a complete review and reasonable determinat may result in my application not being accepted or may extend the all conditions of any approvals granted by El Paso County. I und are a right or obligation transferable by sale. I acknowledge that a result of subdivision plat notes, deed restrictions, or restrictive submitting to El Paso County due to subdivision plat notes, deed any conflict. I hereby give permission to El Paso County, and any or without notice for the purposes of reviewing this development a maintain proper facilities and safe access for inspection of the programment of the program | reswith respect to preparing wal of this application is base or condition(s) of approval. In this project, and I acknowled ion of conformance with the Ce length of time needed to reversand that such conditions I understand the implications covenants. I agree that if a crestrictions, or restrictive coverplicable review agencies, to application and enforcing the poperty by El Paso County whoson, Senior Counsel, | nay be grounds for denial or revocation. I and filing this application. I also understand and on the representations made in the I verify that I am submitting all of the I verify that I am submitting all of the I verify that I am submitting all of the I verify that I am submitting all of the I verify that I am submitting all of the I verify that I am submitting all of the necessary County's rules, regulations and ordinances riew the project. I hereby agree to abide by shall apply to the subject property only and sof use or development restrictions that are onflict should result from the request I am enants, it will be my responsibility to resolve enter on the above described property with |
| 2- 1 | Da | ite: |
| Applicant (s) Signature: | Da | te: _03/31/2020 |