

El Paso County Development Services Department
 2880 International Circle, Suite 110
 Colorado Springs, CO 80910
 PHONE 719-520-6300
 FAX 719-520-6695

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|-----------------|
| Date |
| File # |
| Receipt # |
| PM |
| Type A B C D |
| Office Use Only |

Petition/Application Form

Public Hearing Items:

- | | | |
|---|---|--|
| <input type="checkbox"/> Amended Plat | <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Vacation of Existing Plat |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> PUD | <input type="checkbox"/> Vacation of Interior Lot Line |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Rezone | <input type="checkbox"/> Vacation of Right-of-Way |
| <input type="checkbox"/> Certificate of Designation | <input type="checkbox"/> Site Specific Development Plan/Development Agreement | <input type="checkbox"/> Variance of Use |
| <input type="checkbox"/> Expansion of Legal Nonconforming Use | <input type="checkbox"/> Sketch Plan | <input type="checkbox"/> Vested Property Rights |
| <input type="checkbox"/> Final Plat | <input checked="" type="checkbox"/> Special Use Review | <input type="checkbox"/> Waiver of Regulations |
| <input type="checkbox"/> Location Approval | <input type="checkbox"/> Subdivision Exemption | 1. _____ |
| <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Vacation/Replat | 2. _____ |
| <input type="checkbox"/> Others | | 3. _____ |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Administrative Items:

- | | |
|---|--|
| <input type="checkbox"/> Billboard Credit | <input type="checkbox"/> Temporary Mobile Home Permit |
| <input type="checkbox"/> Care Facility | <input type="checkbox"/> Temporary Use Permit (check one below)* |
| <input type="checkbox"/> Determination of Nonconforming Use | <input type="checkbox"/> Carnival/Circus |
| <input type="checkbox"/> Home Occupation Permit (check one below) | <input type="checkbox"/> Christmas Tree Sales |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Construction Office/Trailer |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Merger by Contiguity | <input type="checkbox"/> Mobile Home/Subdivision Sales Office |
| <input checked="" type="checkbox"/> Plot Plan* | <input type="checkbox"/> Seasonal Produce Sales |
| <input type="checkbox"/> Relief Determination by Director | <input type="checkbox"/> Vacation of Interior Lot Line/Easement(s) |
| <input type="checkbox"/> Sign Review* | <input type="checkbox"/> Other _____ |

*Owner's signature not required on these items.

(Please provide a separate application form for each proposal)

Project Name MONUMENT HILL BUSINESS PARK, LLC

Describe proposal OFFICE/WAREHOUSE APPROX 31,000 sq ft in
TWO BUILDINGS

Tax Schedule No. (s) 7111304020

Property Address (s) 1945 DEER CREEK ROAD
MONUMENT, CO 80132

Acreage 3.27+- No. of Proposed Lots 1

Existing Zone _____ Proposed Zone _____

Property Owner Name(s) LIFE ACADEMY MINISTRIES

Address PO Box 309 (Signature: DR DL Mitchell)
MONUMENT, CO Zip Code 80132

Office Phone _____ Alternate Phone _____

Mobile Phone 719-290-1450 Fax _____

Email Address DL.PASTOR@COMCAST.NET

Applicant Name MONUMENT HILL BUSINESS PARK, LLC

Address PO Box 2490
MONUMENT, CO Zip Code 80132

Office Phone _____ Alternate Phone _____

Mobile Phone 714-264-1376 Fax _____

Email Address STANSRSCD@AOL.COM

Contact / Consultant Name TROY KIRSCHMAN, ARCH.

Address 8089 S. LINCOLN ST STE 201
LITTLETON, CO Zip Code 80122

Office Phone 720-773-2801 Alternate Phone _____

Mobile Phone 303-437-4320 Fax _____

Email Address STKIRSCHMAN@HOVERARCHITECTURE.COM

Owner/Applicant Authorization:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I(we) am(are) fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I(we) have familiarized myself(ourselves) with the rules, regulations and procedures with respect to preparing and filing this application. I(we) also understand that an incorrect submittal will be cause to have the project removed from the agenda of the Planning Commission, Board of County Commissioners and/or Board of Adjustment or delay review, and that 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. Submission of this application and signature of the owner(s) below authorizes the Planning Department, and applicable review agencies, right of entry onto the property for purposes of processing this request.

Owner(s) Signature [Signature] Date Feb 15, 2011

Owner(s) Signature _____ Date _____

Applicant Signature [Signature] Date 2-15-11

AUTHORIZATION TO SUBMIT APPLICATION (Office Use Only)