

2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Type D Application Form (1-2C)

			PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.		
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 (2 nd Dwelling or Renewal) Tower, Renewal Vested Rights Waiver or Deviation Waiver of Subdivision Regulations WSEO		1900000	Property Address(es): NA		
		19521	x ID/Parcel Numbers(s) ee Attached Sheet	Parcel size(s) in Acres:	
			isting Land Use/Development:	Zoning District:	
				tive Relief is being requested in	
		Ø	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.		
		org Atta			
			Name (Individual or Organization): Arroya Investments LLC		
			Mailing Address: 1283 Kelly Johnson Blvd. Colorado Springs, CO		
			aytime Telephone: 19 447-8773	Fax:	
This application form shall be accompanied by all required support materials.			Email or Alternative Contact Information: pmartzirg@comcast.net		
For PCD (Office Use:	De	scription of the request:_ (su	bmit additional sheets if necessary):	
Date:	File:				
Rec'd By: Receipt #:		Pr	Preliminary Plan for the portion of The Retreat @ TimberRidge loc		
DSD File #:				<u></u>	



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APPLICANT(s): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if Name (Individual or Organization): NES, Inc. Mailing Address: 619 N. Cascade Ave. Ste. 200 Colorado Springs, CO 80903 Daytime Telephone: 719 471-0267 719 471-0073 imay nard @nescolorado, com Email or Alternative Contact Information: 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): Same as above Mailing Address: Fax: Daytime Telephone: Email or Alternative Contact Information: AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): An owner signature is not required to process a Type A or B Development Application. 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 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: Owner (s) Signature: Applicant (s) Signature:



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Please check the applic (Note: each request req separate application for	uires completion of a	PROPERTY INFORMATION: Provide in the proposed development. Attached	formation to identify properties and ed additional sheets if necessary.		
A CONTRACTOR OF		Property Address(es):			
☐ Appeal					
☐ Approval of Location		NA NA			
☐ Board of Adjustment	•8 · · ·				
☐ Certification of Designation		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:		
☐ Const. Drawings, Minor or Major			***		
☐ Development Agreement		See Attached Sheet			
☐ Final Plat, Minor or Major					
☐ Final Plat, Amendment		Existing Land Use/Development:	Zoning District:		
☐ Minor Subdivision			Ride A. (Salitera		
☐ Planned Unit Dev. Amendment,		Vacant	PUD		
Major □ Preliminary Plan, Major	or Minor		SAA S		
☐ Rezoning	OI MINO				
☐ Rezolling ☐ Road Disclaimer		Charlethia have if Administrat	ive Policy is being requested in		
☐ SIA, Modification		Crieck this box ii Administrati	 Check this box if Administrative Relief is being requested in association with this application and attach a completed 		
☐ Sketch Plan, Major or M	linor				
☐ Sketch Plan, Revision		Administrative Relief request			
☐ Solid Waste Disposal Si	ite/Facility	Check this box if any Waivers	are being requested in association		
☐ Special District	ton domey	with this application for develo	with this application for development and attach a completed		
Special Use		Waiver request form.			
□ Major					
☐ Minor, Admin or Re	enewal	D	diests the person(s) or		
☐ Subdivision Exception		PROPERTY OWNER INFORMATION: Indicate the person(s) or			
Vacation		organization(s) who own the prope	organization(s) who own the property proposed for development.		
☐ Plat Vacation with ROW		Attach additional sheets if there are multiple property owners.			
□ Vacation of ROW					
Variances		Name (Individual or Organization):			
☐ Major		1 37 1 001 5	- Lac 110		
☐ Minor (2 nd Dwelling or		Mailing Address: Broggns B	is lares, LCC		
Renewal) □ Tower, Renewal		Mailing Address;	1 10 00		
☐ Vested Rights		2760 Brogans D	levi vi		
☐ Waiver or Deviation		Colorado Sorias	CO 80919		
☐ Waiver of Subdivision Regulations		Daytime Telephone:	Fax:		
□ WSEO		•			
1 10 10 10 10 10 10 10 10 10 10 10 10 10		719-499-6752	719-599-3770		
☐ Other:	La Caración de la Car		Hand		
		Email or Alternative Contact Informa			
This application form sh	nall be accompanied by	00/ 00 00000	and thet		
all required support materials.		Islames & come	rshomes @ comcast, net		
For PCD	Office Use:	Description of the request: (su	bmit additional sheets if necessary):		
Date:	File:	0.			
Date.	1 110 .				
Rec'd By:	Receipt #:	Preliminary Plan for the land w	rithin The Retreat @TimberRidge lo		
DOD Eilo #:	L				
DSD File #:					



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necessary) Name (Individual or Organization):	
Name (maindal of Organization).	
Mailing Address:	
Walling Address.	
D. L. Talackana	Fax:
Daytime Telephone:	T dA
Email or Alternative Contact Information:	
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) au	uthorized to represent the property owner and/or applicants
(attach additional sheets if necessary).	
Name (Individual or Organization):	
Scott Hence	
Mailing Address: 2760 Bragans Blaff Dr.	Colovado Springs, Co 80919 Fax: 719-599-3770
Daytime Telephone:	Fax:
717-489-6752	719-599-3770
and the state of t	
rshomes & comeast inet	
1510.00	
owner or an authorized representative where the application is ac	opment Application. An owner's signature may only be executed by the companied by a completed Authority to Represent/Owner's Affidavit
naming the person as the owner's agent	
complete. I am fully aware that any misrepresentation of any infor have familiarized myself with the rules, regulations and procedure that an incorrect submittal may delay review, and that any approvapplication 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 determination may result in my application not being accepted or may extend the all conditions of any approvals granted by El Paso County. I under 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 and the submitting to El Paso County and an	this project, and I acknowledge that failure to submit all of the necessary on of conformance with the County's rules, regulations and ordinances length of time needed to review the project. I hereby agree to abide by restand that such conditions shall apply to the subject property only and I understand the implications of use or development restrictions that are covenants. I agree that if a conflict should result from the request I am estrictions, or restrictive covenants, it will be my responsibility to resolve plicable review agencies, to enter on the above described property with pplication and enforcing the provisions of the LDC. I agree to at all times operty by El Paso County while this application is pending.
Owner (s) Signature.	
Owner (s) Signature:	Date:
Applicant (c) Signature: Malt but	Date: 9 Apr 20/8



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		Property Address(es):		
☐ 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		NA		
		Tax ID/Parcel Numbers(s) Parcel size(s) in Acres:		
		See Attached Sheet		
☐ Minor Subdivision		Existing Land Use/Development: Zoning District.		
☐ Planned Unit Dev. Amendment, Major		Vacant		
☐ Preliminary Plan, Major	OF MILLOI	The state of the s		
☐ Rezoning ☐ Road Disclaimer		☐ Check this box if Administrative Relief is being requested in		
☐ SIA, Modification		 Check this box if Administrative Relief is being requested in association with this application and attach a completed Administrative Relief request form. 		
☐ Sketch Plan, Major or N	Minor			
☐ Sketch Plan, Revision		- I be a second of the second		
☐ Solid Waste Disposal S	lite/Facility	with this application for development and attach a completed		
Special District		Waiver request form.		
Special Use		Walvel Tequest Ionn.		
☐ Major ☐ Minor, Admin or R	enewal			
☐ Subdivision Exception	CHEVO	PROPERTY OWNER INFORMATION: Indicate the person(s) or		
Vacation		organization(s) who own the property proposed for development.		
☐ Plat Vacation with ROW ☐ Vacation of ROW		Attach additional sheets if there are multiple property owners.		
Variances		Name (Individual or Organization):		
☐ Major				
☐ Minor (2 nd Dwelling or Renewal)		Jacob Decoto		
☐ Tower, Renewal		Mailing Address:		
☐ Vested Rights ☐ Waiver or Deviation		10620 Vollmer Rd, Colondo Sprins, (0 80908) Daytime Telephone: Fax: 206-419-4533 N/A		
☐ Waiver of Subdivision Regulations		Daytime Telephone: Fax:		
□ WSEO		A STATE OF THE PROPERTY OF THE		
Other:		Email or Alternative Contact Information:		
This application form shall be accompanied by all required support materials.		decotos & gmail. com		
For PCD Office Use:		Description of the request: (submit additional sheets if necessary):		
Date:	File:	19		
Rec'd By:	Receipt #:	Preliminary Plan for the land within The Retreat @TimberRidge lo		
DSD File #:		E		



Owner (s) Signature:

Applicant (s) Signature:

Planning and Community Development Department

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Date:

Date:

The Retreat @ TimberRidge Preliminary Plan

Tax ID Numbers

Owner	Tax Number	
Arroya Investments	5270000004	
	5228000019	
	5227000003	
	5227000001	
	5200000398	
Jacob Decoto	5200000393	
Robert Scott Genera	5222000023	