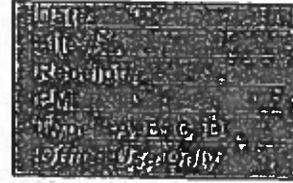


El Paso County Development Services Department  
 2880 International Circle, Suite 110  
 Colorado Springs, CO 80910  
 PHONE 719-520-6300  
 FAX 719-520-6695



## Petition/Application Form

### Public Hearing Items:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Amended Plat                         | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 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 Seigel Boys Racing

Describe proposal Minor Subdivision, Rezone, Special Use Review

Tax Schedule No. (s) 3200000325

Property Address (s) 21430 Spencer Road, Culham, CO, 80808-9113

Acreage 40 No. of Proposed Lots 2 35+5  
Existing Zone A-35 Proposed Zone A-35 + A-5

Property Owner Name(s) Kerry E. Burt  
Address 2066 Sather Dr  
Colorado Sp CO Zip Code 80915  
Office Phone 719 247 0031 Alternate Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Applicant Name Lee Seigel  
Address 12755 Thiebaud Lane  
Colorado Springs, CO Zip Code 80908  
Office Phone 719-492-2635 Alternate Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Contact / Consultant Name ~~Challenger Homes~~<sup>3-22-17 MH</sup> Shawn Hoch  
Address 8605 Explorer Drive, Ste 250  
Colorado Springs CO Zip Code 80920  
Office Phone 719-598-5192 Alternate Phone \_\_\_\_\_  
Mobile Phone 614-429-8101 Fax 719-598-5193  
Email Address shoch@mychallengerhomes.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 03-22-17

Owner(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature [Signature] Date 3/22/17

AUTHORIZATION TO SUBMIT APPLICATION (Office Use Only)

Submittal Requirements Matrix  
Project Manager Signature \_\_\_\_\_

Application Accepted

Reference Files \_\_\_\_\_