

**El Paso County, Colorado
Development Services Department**

EL PASO COUNTY LAND DEVELOPMENT CODE

Administrative Plot Plan Application Packet

The purpose of this guide is to assist a landowner or authorized representative in the Administrative Plot Plan Review process. This guide is to be used in conjunction with the El Paso County Land Development Code.

The basic submittal requirements include but may not be limited to:

1. Application Form, see attached
2. Letter of Intent, see attached guidelines
3. Plot Plans in conformance with Section 37 of the El Paso County Land Development Code, see attached checklist
4. Landscaping Plans in conformance with Section 35.12 of the El Paso County Land Development Code, see attached checklist
5. Detail Plans in conformance with Sections 35.3, 35.4 of the El Paso County Land Development Code
6. Elevation Plans
7. Any other El Paso County, Local, State or Federal Regulations that pertain to your application

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

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

Petition/Application Form

<u>Public Hearing Items:</u>		
<input type="checkbox"/> Amended Plat <input type="checkbox"/> Appeals <input type="checkbox"/> Board of Adjustment <input type="checkbox"/> Certificate of Designation <input type="checkbox"/> Expansion of Legal Nonconforming Use <input type="checkbox"/> Final Plat <input type="checkbox"/> Location Approval <input type="checkbox"/> Minor Subdivision <input type="checkbox"/> Others 1. _____ 2. _____ 3. _____	<input type="checkbox"/> Preliminary Plan <input type="checkbox"/> PUD <input type="checkbox"/> Rezone <input type="checkbox"/> Site Specific Development Plan/Development Agreement <input type="checkbox"/> Sketch Plan <input type="checkbox"/> Special Use Review <input type="checkbox"/> Subdivision Exemption <input type="checkbox"/> Vacation/Replat	<input type="checkbox"/> Vacation of Existing Plat <input type="checkbox"/> Vacation of Interior Lot Line <input type="checkbox"/> Vacation of Right-of-Way <input type="checkbox"/> Variance of Use <input type="checkbox"/> Vested Property Rights <input type="checkbox"/> Waiver of Regulations 1. _____ 2. _____ 3. _____
<u>Administrative Items:</u>		
<input type="checkbox"/> Billboard Credit <input type="checkbox"/> Care Facility <input type="checkbox"/> Determination of Nonconforming Use <input type="checkbox"/> Home Occupation Permit (check one below) <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Merger by Contiguity <input type="checkbox"/> Plot Plan* <input type="checkbox"/> Relief Determination by Director <input type="checkbox"/> Sign Review*	<input type="checkbox"/> Temporary Mobile Home Permit <input type="checkbox"/> Temporary Use Permit (check one below)* <input type="checkbox"/> Carnival/Circus <input type="checkbox"/> Christmas Tree Sales <input type="checkbox"/> Construction Office/Trailer <input type="checkbox"/> Fireworks Stand <input type="checkbox"/> Mobile Home/Subdivision Sales Office <input type="checkbox"/> Seasonal Produce Sales <input type="checkbox"/> Vacation of Interior Lot Line/Easement(s) <input type="checkbox"/> Other _____	

*Owner's signature not required on these items.

(Please provide a separate application form for each proposal)

Project Name T GAP INDOOR RV STORAGE

Describe proposal Marton Buildings Inc. proposes to install a
48' x 170' x 16' indoor RV storage building

Tax Schedule No. (s) 5307000081

Property Address (s) 7335 Templeton Gap Rd.
Colorado Springs, CO. 80923

Acreage 7.11 No. of Proposed Lots _____
Existing Zone CS Proposed Zone CS

Property Owner Name(s) Carl Gottbehuet
Address 7335 Templeton Gap Rd.
Colorado Springs, CO. Zip Code 80923

Office Phone _____ Alternate Phone _____
Mobile Phone (719) 596-4824 Fax _____
Email Address tgapstorage@gmail.com

Applicant Name Morton Buildings Inc.
Address 7853 Red Granite Loop
Colorado Springs, CO. Zip Code 80939

Office Phone (719) 597-5115 Alternate Phone (719)
Mobile Phone (719) 203-0873 Fax (719) 597-5137
Email Address James.Frohman@mortonbuildings.com

Contact / Consultant Name Sam as Applicant
Address _____
Zip Code _____

Office Phone _____ Alternate Phone _____
Mobile Phone _____ Fax _____
Email Address _____

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 _____ Date _____
Owner(s) Signature [Signature] Date _____
Applicant Signature [Signature] Date 3/31/17

AUTHORIZATION TO SUBMIT APPLICATION (Office Use Only)

Submittal Requirements Matrix
Project Manager Signature _____

Application Accepted

Reference Files _____