



Don't include this page.

Type D Application Form (1-2C)

Please check the applicable application type
 (Note: each request requires completion of a separate application form):

- 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
- 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 (2nd Dwelling or Renewal)
 - Tower, Renewal
- Vested Rights
- Waiver or Deviation
- Waiver of Subdivision Regulations
- WSEO
- Other: _____

This application form shall be accompanied by all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.

Property Address(es): 5390 Vessey Rd, 5310 Vessey Rd	
Tax ID/Parcel Numbers(s) 6201010003, 6201010004	Parcel size(s) in Acres: 2.66, 2.54
Existing Land Use/Development: Residential	Zoning District: Vacant Residential Lots

- 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 property proposed for development. Attach additional sheets if there are multiple property owners.

Name (Individual or Organization): Michael Humberd & Lisa Kathleen Humberd Liv Trust	
Mailing Address: 9141 Lookout Mountain Ct	
Daytime Telephone: 719-534-9784	Fax: 719-520-9867
Email or Alternative Contact Information: mike@psi-llc.com	

For POD Office Use	
Date:	File :
Rec'd By:	Receipt #:
DSD File #:	

Description of the request: (submit additional sheets if necessary):

Vacate Lot Line

Notification of Adjacent Property Owners

Name and Address of Petitioner(s): Michael Humbard & Lise Bethorn Humbard Lise Faust
9141 Lookout Mtn Ct, Colo Spgs, Co 80924

Telephone #'s: 719-534-9784

Description of Proposal: Vacate lot line between 5310 & 5390 Vessey Rd

A list of adjacent property owners may be acquired from the County Assessor's office. If adjacent property owners cannot be reached in person, the applicant must send an Adjacent Property Owner Notification letter by certified mail and provide, as part of the submittal, a copy of the letter sent and a copy of each receipt.

The undersigned, being an adjacent property owner, has read the above notification. I understand I may appear in person at the advertised public hearing to further express my comments.

Date	Owner (Yes or No)	Name (Signature) and Address	Comments
	Yes	<u>Raymond D. Jones</u> 5270 Vessey Rd	
<u>5/28/18</u>	Yes	<u>MARK COWART</u> 5265 & 5305 Vessey Rd	
<u>5/28/18</u>	Yes	<u>Bill Frees</u> 5470 Vessey Rd	
<u>5/28/18</u>	YES	<u>[Signature]</u> 5510 VESSEY RD	
<u>5/28/18</u>	YES	<u>Cynthia Adams</u> 14110 Millhaven PL	
		Notify 5465 Vessey Rd.	

(For additional space, attach a separate sheet of paper)

Above are the signatures of the adjacent property owners who own the property described after their names or who are located as indicated (e.g. north of the subject property). I hereby acknowledge that the information provided within this notification is correct.

[Signature] date 5/27/18
 (Signature of Petitioner or Owner)

date _____
 (Signature of Petitioner or Owner)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 50
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.70



Sent To: **Bik and Veronne Conrad**

Street, Apt. No.: **5385 Vessay Road**

or PO Box No.:

City, State, ZIP+4: **Colorado Springs CO 80908-3286**

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 50
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.70



Sent To: **David & Lynn Shephard**

Street, Apt. No.: **5550 Vessay Road**

or PO Box No.:

City, State, ZIP+4: **Colorado Springs CO 80908-3286**

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 50
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.70



Sent To: **Seth & Margaret F099**

Street, Apt. No.: **5425 Vessay Road**

or PO Box No.:

City, State, ZIP+4: **Colorado Springs CO 80908-3286**

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 50
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.70



Sent To: **Lucas & Allyson Farnham**

Street, Apt. No.: **5345 Vessay Road**

or PO Box No.:

City, State, ZIP+4: **Colorado Springs, CO 80908-3286**

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 50
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.70



Sent To: **Tasha & Soshua Erickson**

Street, Apt. No.: **5590 Vessay Road**

or PO Box No.:

City, State, ZIP+4: **Colorado Springs CO 80908-3286**

PS Form 3800, August 2006 See Reverse for Instructions

7010 1670 0000 7824 6535

7010 1670 0000 7824 6580

7010 1670 0000 7824 6573

7012 3460 0000 6767 1123

7012 3460 0000 6767 1130

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Lucas and Allyson Farnham
 345 Vessey Road
 Colorado Springs, CO 80908-3286



9590 9402 2138 6132 8014 72

2. Article Number (Transfer from service label)
 7012 3460 0000 6767 1123

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Farnham
 C. Date of Delivery 6/15/18
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
 Lucas and Joshua Erickson
 345 Vessey Road
 Colorado Springs 80908-3286



9590 9402 2138 6132 8099 28

2. Article Number (Transfer from service label)
 7012 2796 0000 6943 2102

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Erickson
 C. Date of Delivery 6-13-18
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Seth and Margaret Fogg
 5425 Vessey Road
 Colorado Springs, CO 80908-3286



9590 9402 2138 6132 8099 35

2. Article Number (Transfer from service label)
 7010 1670 0000 7824 6573

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Fogg
 C. Date of Delivery 6/18/18
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Bill and Yvonne Conrad
 5385 Vessey Road
 Colorado Springs, CO 80908-3286



9590 9402 2138 6132 8099 11

2. Article Number (Transfer from service label)
 7010 1670 0000 7824 6535

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Conrad
 C. Date of Delivery 6-9-18
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
 David and Lynn Shepherd
 5550 Vessey Road
 Colorado Springs, CO 80908-3286



9590 9402 2138 6132 8099 04

2. Article Number (Transfer from service label)
 7010 1670 0000 7824 6580

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Shepherd
 C. Date of Delivery 6/8/18
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Collect on Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Restricted Delivery

Domestic Return Receipt

Markup Summary

dskendall (2)

Don't include this page.
ifim
3910
com

Subject: Text Box
Page Label: 1
Author: dskendall
Date: 7/16/2018 10:31:23 AM
Color: ■

Don't include this page.



Subject: Text Box
Page Label: 2
Author: dskendall
Date: 7/16/2018 10:31:25 AM
Color: ■

Notify 5465 Vessey Rd.