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## DEPARTMENT OF PARKS AND COMMUNITY SERVICES

March 23, 2023

Ross Williams  
Park Planner  
El Paso County Parks and Community Services Department  
2002 Creek Crossing  
Colorado Springs, CO 80905

**RE: Arroya Lane Subdivision Exemption  
Notice to Adjacent Property Owners**

Dear Property Owner,

On behalf of the El Paso County Parks and Community Services Department and in accordance with the El Paso County Land Development Code, please accept this Adjacent Property Owner Notification for a Subdivision Exemption process in your vicinity.

The Friends of the Black Forest Preservation Plan wish to transfer ownership of a 4-acre parcel of land which is currently under a Warranty Deed. Due to the manner in which it was subdivided from its parent parcel as a Quit Claim Deed, El Paso County is applying for a Subdivision Exemption so the property can be transferred to the County.

The parcel will be utilized ultimately as a trail corridor for the proposed Sand Creek Primary Regional Trail, which will connect the extensive trail systems of the City of Colorado Springs, as well as Black Forest Section 16, Pineries Open Space, and the existing Palmer Divide Regional Trail/Woodlake Trail.

**For questions specific to this process, please contact:**

El Paso County Parks and Community Services  
Ross Williams, Park Planner  
2002 Creek Crossing  
Colorado Springs, CO 80905  
(719) 520-6984  
[rosswilliams@elpasoco.com](mailto:rosswilliams@elpasoco.com)

**Site Location, Zoning, and Acreage:**

- **Site Location:** The subject property (El Paso County Assessor's Office Parcel Schedule No. 5221400003) is located immediately northeast of and adjacent the intersection of Vollmer Road and Arroya Lane in unincorporated north central El Paso County.
- **Zoning:** The subject property is zoned RR-5, Residential Rural.
- **Acreage:** The subject property is 4 acres +/- and is currently unplatted.

**Request and Justification:**

The purpose of this Subdivision Exemption request is to create a parcel from the subject property that will be conveyed from The Friends of the Black Forest Preservation Plan to the El Paso County Parks and Community Services Department.

As noted previously, the intended purpose of this Subdivision Exemption application is for the publicly accessible Sand Creek Primary Regional Trail and Arroya Lane Primary Regional Trail corridors, as identified in the 2022 El Paso County Parks Master Plan, a part of the overall El Paso County Strategic Plan. The Sand Creek Regional Trail and Arroya Lane Regional Trail intersect at the subject property and will provide ultimately for public off-street pedestrian connections from the City of Colorado Springs to locations further north, such as Black Forest Section 16, Pinerias Open Space, and the Palmer Divide Primary Regional Trail.

The subject property is ideal for the planning and construction of an 8'-wide regional trail, consisting of rolling grades covered in natural grasses and intermittent ponderosa pine trees. An existing ranch access road winds north-south through the property and would provide for a good foundation on which to align the regional trail.

Trail construction is not planned for the short term and the site will remain a County-owned open space until such time that the Sand Creek Regional Trail is planned and funded in full.

Please let me know if you have any questions or concerns.

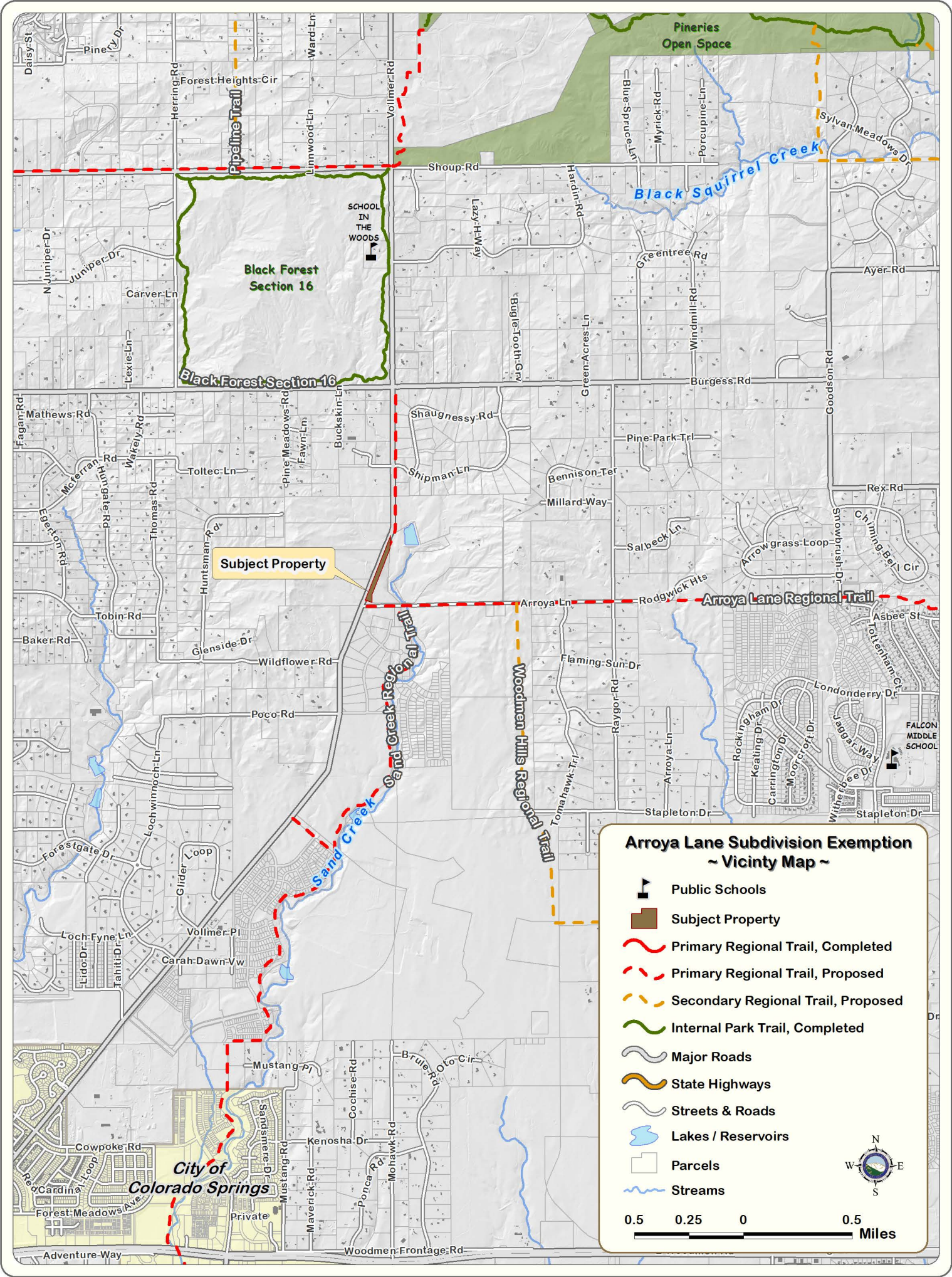
Sincerely,



Ross A. Williams  
Park Planner  
Park Operations Division  
Parks and Community Services Department  
[rosswilliams@elpasoco.com](mailto:rosswilliams@elpasoco.com)

*Enclosures: Vicinity Map*





**Arroya Lane Subdivision Exemption  
~ Vicinity Map ~**

-  Public Schools
-  Subject Property
-  Primary Regional Trail, Completed
-  Primary Regional Trail, Proposed
-  Secondary Regional Trail, Proposed
-  Internal Park Trail, Completed
-  Major Roads
-  State Highways
-  Streets & Roads
-  Lakes / Reservoirs
-  Parcels
-  Streams



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<input type="checkbox"/> Return Receipt (electronic)	\$ 40.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 40.00
<input type="checkbox"/> Adult Signature Required	\$ 40.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 40.00
Postage	\$ 0.00
<b>Total Postage and Fees</b>	\$ 46.17



Sent To Edward Cooke  
 Street and Apt. No., or PO Box No. 8963 Shipman Ln  
 City, State, ZIP+4® COLO Spgs CO 80908  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

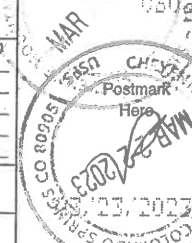
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<input type="checkbox"/> Adult Signature Required	\$ 40.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 40.00
Postage	\$ 0.00
<b>Total Postage and Fees</b>	\$ 46.17



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 Street and Apt. No., or PO Box No. 8566 Crooked Branch Ln  
 City, State, ZIP+4® CS CO 80927  
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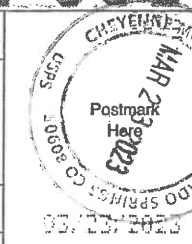
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<input type="checkbox"/> Adult Signature Required	\$ 40.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 40.00
Postage	\$ 0.00
<b>Total Postage and Fees</b>	\$ 46.17



Sent To Stimple Family  
 Street and Apt. No., or PO Box No. 16466 Flowerwood PL  
 City, State, ZIP+4® Monument, CO 80132  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

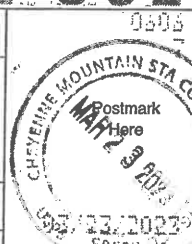
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<input type="checkbox"/> Adult Signature Required	\$ 40.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 40.00
Postage	\$ 0.00
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 Street and Apt. No., or PO Box No. PO Box 88297  
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 40.00
<input type="checkbox"/> Adult Signature Required	\$ 40.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 40.00
Postage	\$ 0.00
<b>Total Postage and Fees</b>	\$ 46.17



Sent To Timberidge Development Group  
 Street and Apt. No., or PO Box No. 2138 Flying Horse Club Dr  
 City, State, ZIP+4® COLO Spgs CO 80921  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

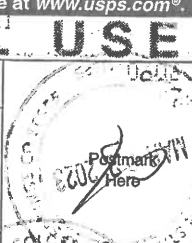
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<input type="checkbox"/> Return Receipt (electronic)	\$ 40.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 40.00
<input type="checkbox"/> Adult Signature Required	\$ 40.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 40.00
Postage	\$ 0.00
<b>Total Postage and Fees</b>	\$ 46.17



Sent To Elite Properties  
 Street and Apt. No., or PO Box No. 2138 Flying Horse Club Dr  
 City, State, ZIP+4® CS CO 80921  
 PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00	
<input type="checkbox"/> Adult Signature Required	\$ 0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00	
Postage	\$ 0.00	
<b>Total Postage and Fees</b>	\$ 0.00	\$ 42.30

Sent To: **Ornes + Wahlberg**  
 Street and Apt. No., or PO Box No.: **10840 Vollmer Rd**  
 City, State, ZIP+4®: **CS CO 80908**

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<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00	
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00	
Postage	\$ 0.00	
<b>Total Postage and Fees</b>	\$ 0.00	\$ 42.30

Sent To: **Allison Decoto**  
 Street and Apt. No., or PO Box No.: **PO Box 84010**  
 City, State, ZIP+4®: **CS CO 80908**

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<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00	
<input type="checkbox"/> Adult Signature Required	\$ 0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00	
Postage	\$ 0.00	
<b>Total Postage and Fees</b>	\$ 0.00	\$ 42.30

Sent To: **Michael Turner**  
 Street and Apt. No., or PO Box No.: **8963 Shipman Ln**  
 City, State, ZIP+4®: **CS CO 80908**

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<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00	
<input type="checkbox"/> Adult Signature Required	\$ 0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00	
Postage	\$ 0.00	
<b>Total Postage and Fees</b>	\$ 0.00	\$ 42.30

Sent To: **Jacob Decoto**  
 Street and Apt. No., or PO Box No.: **10620 Vollmer Rd**  
 City, State, ZIP+4®: **CS CO 80908**

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1. Article Addressed to:

**ELITE PROPERTIES OF AMERICA INC**  
**2138 FLYING HORSE CLUB DR**  
**COLORADO SPRINGS, CO 80921**



9590 9402 6985 1225 2397 72

2. Article Number (Transfer from service label)  
**7020 3160 0000 5348 1752**


**COMPLETE THIS SECTION ON DELIVERY**


A. Signature  
 X **Stephan Woolfolk**  Agent  Addressee


B. Received by (Printed Name) **S. Woolfolk** C. Date of Delivery **3-28-23**


D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:


3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Registered Mail
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  - Signature Confirmation™
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  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>SHIRLEY D STANGE 8566 CROOKED BRANCH LN COLORADO SPRINGS, CO 80927</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>COLORADO SPRINGS CO</b> <b>MAR 28 2023</b> <b>80915</b></p>
 9590 9402 6985 1225 2397 58	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>Insured Mail Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0000 5348 1783</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>

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<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>MARVIN E ORNES &amp; TERRI J WAHLBERG 10840 VOLLMER RD COLORADO SPRINGS, CO 80908-4212</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 6985 1225 2397 65	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>Insured Mail Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0000 5348 1783</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p>TIMBERRIDGE DEVELOPMENT GROUP LLC 2138 FLYING HORSE CLUB DR COLORADO SPRINGS, CO 80921</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 6985 1225 2398 26	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p>Insured Mail Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7020 3160 0000 5348 1707</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>Angelica Bissell</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">MARK L BISSELL PO BOX 88297 COLORADO SPRINGS, CO 80908-8297</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;">             9590 9402 6985 1225 2398 19         </div>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 3160 0000 5348 1714</p>	<p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (\$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>[Signature]</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">ALLISON DECOTO PO BOX 88010 COLORADO SPRINGS, CO 80908</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;">             9590 9402 6985 1225 2397 96         </div>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input checked="" type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation™</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7020 3160 0000 5348 1721</p>	<p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery (\$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>	