

Planning and Community Development Department

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

Type C Application Form (1-2B)

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Please check the applicable application type (Note: each request requires completion of a separate application form):	PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.	
☑ Administrative Relief ☐ Certificate of Designation, Minor ☐ Site Development Plan, Major ☐ Site Development Plan, Minor ☐ CMRS Co-Location Agreement ☐ Condominium Plat ☐ Crystal Park Plat ☐ Early Grading Request associated with a Preliminary Plan ☐ Maintenance Agreement	Property Address(es): 1115 Tari Place	
	Tax ID/Parcel Numbers(s) 6132011029	Parcel size(s) in Acres: 0.4797976
	Existing Land Use/Development: Single Family Home	Zoning District: RS-20000
☐ Resubmittal of Application(s) (>3 times) ☐ Road or Facility Acceptance, Preliminary ☐ Road or Facility Acceptance, Final ☐ Townhome Plat	✓ Check this box if Administrative	
Administrative Special Use (mark one) Extended Family Dwelling Temporary Mining or Batch Plant Oil and/or Gas Operations Rural Home Occupation Tower Renewal Other Construction Drawing Review and Permits (mark one) Approved Construction Drawing Amendment Review of Construction Drawings Construction Permit Major Final Plat Minor Subdivision with Improvements Site Development Plan, Major Site Development Plan, Minor Early Grading or Grading ESQCP	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. Attached additional sheets if there are multiple property owners.	
	Name (Individual or Organization): Frank Richard Keating and Charlene Jo Wilbern-Keating	
	Mailing Address: 1115 Tari Place	
	Daytime Telephone: 909-228-3752	Fax:
Minor Vacations (mark one) □ Vacation of Interior Lot Line(s) □ Utility, Drainage, or Sidewalk Easements	Email or Alternative Contact Information: frk54@yahoo.com	
□ Sight Visibility □ View Corridor	Description of the request: (atta	ach additional sheets if necessary):
☐ Other: This application form shall be accompanied by all required support materials.		of replacement, and it is more to extend the deck area on the

For PCD Office Use:

Date: File:

Rec'd By: Receipt #:

DSD File #:

west side of the house to make it more usable and the

north front area will remain the same.



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<u>APPLICANT(S):</u> Indicate person(s) submitting the application necessary).	if different than the property owner(s) (attach additional sheets i
Name (Individual or Organization):	
Frank R. Keating and Ch	arlene Jo Wilbern-Keating
Mailing Address: 1115 Tari Place	
Daytime Telephone: 909-228-3753	Fax:
Email or Alternative Contact Information: frk54@yahoo.com	
<u>AUTHORIZED REPRESENTATIVE(s):</u> Indicate the person(s) at (attach additional sheets if necessary).	uthorized to represent the property owner and/or applicants
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
	E(s): ppment Application. An owner's signature may only be executed by the companied by a completed Authority to Represent/Owner's Affidavit
Owner/Applicant Authorization: To the best of my knowledge, the information on this application a complete. I am fully aware that any misrepresentation of any information and procedures that an incorrect submittal may delay review, and that any approva application and may be revoked on any breach of representation or required materials as part of this application and as appropriate to the 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 are a right or obligation transferable by sale. I acknowledge that I a result of subdivision plat notes, deed restrictions, or restrictive of submitting to El Paso County due to subdivision plat notes, deed reany conflict. I hereby give permission to El Paso County, and approved the subdivision plat notes, and approved the place of the paso County, and approved the place of the place o	or condition(s) of approval. I verify that I am submitting all of the his project, and I acknowledge that failure to submit all of the necessary of conformance with the County's rules, regulations and ordinances length of time needed to review the project. I hereby agree to abide by estand that such conditions shall apply to the subject property only and understand the implications of use or development restrictions that are evenants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve dicable review agencies, to enter on the above described property with plication and enforcing the provisions of the LDC. I agree to at all times
Owner (s) Signature: Ran line The The Thirty	Pealing Date: 5-7-2020
Applicant (s) Signature:	Date: