

Planning and Community Development Department Address per the

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

Address per the Assessor's website is 4590 Hodgen Rd. The address 4584 is used throughout multiple documents.

Application Form

Please check the applicable application type (Note: each request requires completion of a separate application form): Administrative Determination Administrative Relief Appeal Approval of Location	Property Address(es): Property Address(es):
 □ Billboard Credit □ Board of Adjustment – Dimensional Variance □ Certificate of Designation □ Combination of Contiguous Parcels by Boundary Line Adjustment 	Tax ID/Parcel Numbers(s) Parcel size(s) in Acres:
 ☐ Construction Drawings ☐ Condominium Plat ☐ Crystal Park Plat ☐ Development Agreement ☐ Early Grading Request 	Existing Land Use/Development: Existing Zoning District: Proposed Zoning District (if
 ☐ Final Plat ☐ Maintenance Agreement ☐ Merger by Contiguity ☐ Townhome Plat ☐ Planned Unit Development 	applicable):
□ Preliminary Plan □ Rezoning □ Road Disclaimer □ Road or Facility Acceptance □ Site Development Plan	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): Mailing Address:
□ Subdivision Improvement Agreement □ Variance of Use □ WSEO □ Other:	Daytime Telephone:
This application form shall be accompanied by all required support materials.	Email or Alternative Contact Information:
SCRIPTION OF THE REQUEST: (attach additional she	ets if necessary):



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APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if

riccessury).	
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:
<u>AUTHORIZED REPRESENTATIVE(S):</u> Indicate the person(s) authori additional sheets if necessary).	Ized to represent the property owner and/or applicants (attach
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:
	authorized representative where the application is accompanied
by a completed Authority to Represent/Owner's Affidavit naming Owner/Applicant Authorization:	ng the person as the owner's agent.
To the best of my knowledge, the information on this application factual and complete. I am fully aware that any misrepresentation denial or revocation. I have familiarized myself with the rules, reapplication. I also understand that an incorrect submittal may of the representations made in the application and may be revoked verify that I am submitting all of the required materials as part of acknowledge that failure to submit all of the necessary materials conformance with the County's rules, regulations and ordinance the length of time needed to review the project. I hereby agree to County. I understand that such conditions shall apply to the subsale. I acknowledge that I understand the implications of use or notes, deed restrictions, or restrictive covenants. I agree that if Paso County due to subdivision plat notes, deed restrictions, or conflict. I hereby give permission to El Paso County, and applications with or without notice for the purposes of reviewing this develop	ion of any information on this application may be grounds for egulations and procedures with respect to preparing and filing this delay review, and that any approval of this application is based on ed on any breach of representation or condition(s) of approval. I of this application and as appropriate to this project, and I is to allow a complete review and reasonable determination of these may result in my application not being accepted or may extend to abide by all conditions of any approvals granted by El Paso being being the property only and are a right or obligation transferable by development restrictions that are a result of subdivision plat a conflict should result from the request I am submitting to El restrictive covenants, it will be my responsibility to resolve any
Owner (s) Signature: Drew Knapsk	Date:
Owner (s) Signature:	Date:
Applicant (s) Signature: Drew Knapsk	Date: