

Planning and Community Development Department

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

Application Form

Please check the applicable application type (Note: each request requires completion of a separate application form):	PROPERTY INFORMATION: Provide in and the proposed development. An necessary.	
 ☐ Administrative Determination ☐ Administrative Relief ☐ Appeal ☐ Approval of Location ☐ Billboard Credit 	Property Address(es):	
 □ 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 ☐ Fasts Conding Parsent	Existing Land Use/Development:	,
 ☐ Early Grading Request ☐ Final Plat ☐ Maintenance Agreement ☐ Merger by Contiguity ☐ Townhome Plat 	Existing Zoning District:	Proposed Zoning District (if applicable):
 ☐ Planned Unit Development ☐ Preliminary Plan ☐ Rezoning ☐ Road Disclaimer ☐ Road or Facility Acceptance 	<u>Property Owner Information</u> : Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.	
 ☐ Site Development Plan ☐ Sketch Plan ☐ Solid Waste Disposal Site/Facility ☐ Special District ☐ Special Use 	Name (Individual or Organization): Mailing Address:	
□ Subdivision Exemption □ Subdivision Improvement Agreement □ Variance of Use	Daytime Telephone:	
□ WSEO □ Other:		
This application form shall be accompanied by all required support materials.	Email or Alternative Contact Inform	nation:
SCRIPTION OF THE REQUEST: (attach additional sheet	's 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 necessary).

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Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) authoriand sheets if necessary).	zed to represent the property owner and/or applicants (attach
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:
Authorization for Owner's Applicant(s)/Representative(s) An owner's signature may only be executed by the owner or an by a completed Authority to Represent/Owner's Affidavit naming	authorized representative where the application is accompanied
application. 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 application with or without notice for the purposes of reviewing this develop to at all times maintain proper facilities and safe access for inspending.	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 es may result in my application not being accepted or may extend to abide by all conditions of any approvals granted by El Paso object 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: Joseph W. Desfardin	Date:
Owner (s) Signature:	Date:
Applicant (s) Signature: Joseph W. Desfardin	Date: