

Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910

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Phone 719.520.6300   Fax 719.	520.6695   www.elpasoco.com
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### Type C Application Form (1-2B)

Please check the applic		PROPERTY	(INFORMATION: Provide i	nformation t	o identify prope	ties and	
(Note: each request req separate application for		the propo	sed development. Attach	ned addition	al sheets if nece	essary.	
<ul> <li>☐ Administrative Relief</li> <li>☐ Certificate of Designation</li> <li>☐ Site Development Plan,</li> </ul>	n, Minor	Property Address(es): TED D. KERR					
□ Site Development Plan,		Tax ID/Parcel Numbers(s)		Parcels	Parcel size(s) in Acres:		
Condominium Plat	CMRS Co-Location Agreement Condominium Plat		7611002005				
Crystal Park Plat				5.7	5.24		
Early Grading Request a Preliminary Plan		Existing	Land Use/Development:	Zoning	District:		
Maintenance Agreemen	<sup>t</sup> Check this box						
Minor PUD Ameridment     Resubmittal of Application			DENTUAL	A-1	A-5		
Road or Facility Accepta	ance, Preliminary		Residential				
Road or Facility Accepta Townhome Plat	ance, Final	Check this box if Administrative Relief is being requested in association with this application and attach a completed			1 in		
Administrative Special Use	(mark one)		ation with this application is trative Relief request for		a completed		
E Extended Family D			this box if any Waivers		equested in asso	ociation	
Temporary Mining		with th	is application for develo				
Oil and/or Gas Ope Oil and/or Gas Ope Rural Home Occup		Waive	r request form.				
Tower Renewal			Y OWNER INFORMATION: 1				
Other			ion(s) who own the prop				
Construction Drawing Rev	Orawing Review and Permits (mark one) Attached additional sheets if there are multiple property owned Construction Drawing		15.				
Amendment	-	Name (Individual or Organization):					
Review of Construction Perm	•	TED D. KERR					
Major Final Plat		Mailing Address: 2005 TWILIGHT CANYON TRAIL, COLORADO SPRINGS, CO					
Minor Subdivision	with					RINGS CO	
Site Development	-				Lintee, et		
Site Development Early Grading or G		Daytime	Daytime Telephone: 719-339-5119		Fax: N/A		
	ading	719-3					
Minor Vacations (mark one		Email o	r Alternative Contact Inform	nation:			
Utility, Drainage, o		teddkerr@gmail.com					
Easements		1					
Sight Visibility							
		Descript	ion of the request: (a	ttach additio	nal sheets if neo	cessary):	
		RE-NE	WAL OF EXISTING			USE FOR	
This application form sh required support materi	all be accompanied by all	RE-NEWAL OF EXISTING VARIANCE ON A HOUSE FOR MY MENTALLY HANDICAPPED DAUGHTER AND MY					
			DCHILD				
For PCD	Office Use:	]	Administrative spe	ecial use f	or a quest		
Date:	File :	house with special pro			-		
			extended family he				
Rec'd By:	Receipt #:		, , , , , , , , , , .	5			
						··· · ···	
DSD File #:					TYPE C APPLICATION		
						Page 1 or 2	



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

Name (Individual or Organization):		
N/A		
Mailing Address:		
Daytime Telephone:	Fax:	
Email or Alternative Contact Information:		

## AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) authorized to represent the property owner and/or applicants (attach additional sheets if necessary)

Name (Individual or Organization): N/A		
Mailing Address:		
Daytime Telephone:	Fax	
Email or Alternative Contact Information:		
		····

#### AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):

An owner signature is not required to process a Type A or B Development Application. An owner's signature may only be executed by the owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit naming the person as the owner's agent

#### OWNER/APPLICANT AUTHORIZATION:

To the best of my knowledge, the information on this application and all additional or supplemental documentation is true, factual and complete. I am fully aware that any misrepresentation of any information on this application may be grounds for denial or revocation. I have familiarized myself with the rules, regulations and procedures with respect to preparing and filing this application. I also understand that an incorrect submittal may delay review, and that any approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval. I verify that I am submitting all of the required materials as part of this application and as appropriate to this project, and I acknowledge that failure to submit all of the necessary materials to allow a complete review and reasonable determination of conformance with the County's rules, regulations and ordinances may result in my application transferable by El Paso County. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I acknowledge that I understand the implications of use or development restrictions that are a result of subdivision plat notes, deed restrictions, or restrictive covenants. I agree that if a conflict should result from the request I am submitting to El Paso County due to subdivision plat notes, deed restrictions, or restrictive agencies, to enter on the above described property with or without notice for the purposes of reviewing this development applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development application and enforcing the provisions of the LDC. I agree to at all times maintain proper facilities and safe access for inspection of the poperty by El Paso County while this application is pending.

and a start of the		
Owner (s) Signature:	Date:	8-20-18
Owner (s) Signature:	Date:	
Applicant (s) Signature:	Date:	

TYPE C APPLICATION FORM 1-2B Page 2 or 2

# Markup Summary

dsdkendall (5) Subject: Callout ite Development Plan. Minor Tax ID/ 7611I Check this box Page Label: 1 Existing Lock: Unlocked Check this box RESI Author: dsdkendall Chec Date: 11/16/2018 2:43:17 PM Check with th Waive Color: PROPERT organizal size(s) in Acres: Subject: Text Box 5.24 Page Label: 1 Lock: Unlocked 5.24 Author: dsdkendall Date: 11/16/2018 3:12:12 PM Color: District Subject: Text Box Residential ig Land Use/Development: Page Label: 1 Lock: Unlocked IDENTUAL Author: dsdkendall Residential Date: 11/16/2018 3:12:31 PM k this box if Administrative Re Color: ciation with this application and nistrative Relief request form. Subject: Text Box A-5 Page Label: 1 Lock: Unlocked Α-Author: dsdkendall Date: 11/16/2018 3:13:03 PM Color: Subject: Text Box Administrative special use for a guest scription of the request: (attach additional sheets if necessary) Page Label: 1 RE-NEWAL OF EXISTING VARIANCE ON A HOUSE FOR MY MENTALLY HANDICAPPED DAUGHTER AND MY GRANDCHILD house with special provisions for Lock: Unlocked extended family housing. Administrative special use for a guest house with special provisions for extended family housing. Author: dsdkendall Date: 11/16/2018 3:13:52 PM Type C Application Form 1-28 Page 1 or 2 Color: