

Planning and Community Development Department

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

Type D Application Form (1-2C)

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.		
,		Property Address(es):		
□ Appeal □ Approval of Location □ Board of Adjustment		12172 Goodson Rd. Colorado Springs, CO 80908		
☐ Certification of Designation		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
☐ Const. Drawings, Minor or Major		524.400004.4	38.83 Acres	
□ Development Agreement Ճ Final Plat, Minor or Major		5214000014	30.03 Acres	
☐ Final Plat, Amendment		Existing Land Use/Development:	Zoning District:	
Ճ Minor Subdivision		Existing Land Ose/Development.	Zoning District.	
□ Planned Unit Dev. Amendment, Major		Rural Residential	RR-5	
☐ Preliminary Plan, Major	or Minor			
☐ Rezoning				
☐ Road Disclaimer		☐ Check this box if Administrative Relief is being requested in		
☐ SIA, Modification ☐ Sketch Plan, Major or Minor		association with this application and attach a completed		
☐ Sketch Plan, Revision		Administrative Relief request		
☐ Solid Waste Disposal Site/Facility		☐ Check this box if any Waivers are being requested in association		
☐ Special District		with this application for development and attach a completed		
Special Use		Waiver request form.		
□ Major				
☐ Minor, Admin or Renewal		PROPERTY OWNER INFORMATION: Indicate the person(s) or		
☐ Subdivision Exception Vacation		organization(s) who own the property proposed for development.		
☐ Plat Vacation with ROW		Attach additional sheets if there are		
☐ Vacation of ROW				
Variances		Name (Individual or Organization):		
☐ Major		Andrew and Emilee Makings		
☐ Minor (2 nd Dwelling or Renewal)		Andrew and Emiliee Makings		
□ Tower, Renewal		Mailing Address:		
□ Vested Rights		9630 Arroya Lane, Colorado Springs, CO 80908		
☐ Waiver or Deviation			*	
☐ Waiver of Subdivision Regulations		Daytime Telephone:	Fax:	
□WSEO		719-482-6050		
□ Other:				
		Email or Alternative Contact Information:		
This application form shall be accompanied by all required support materials.		Drewmakings@yahoo.com		
all required support ma	icriais.			
For PCD	Office Use:	Description of the request: (sur	bmit additional sheets if necessary):	
Date: File :		We are requesting approval of a minor subdivision to create 4 lots of a minimum of 5 acres each (3-5 acre lots and 1-23.83 acre lot).		
Rec'd By:	Receipt #:	This will result in an additional		
DSD File #:				



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

necessary)				
Name (Individual or Organization):				
Andrew and Emilee Makings				
Mailing Address:				
9630 Arroya Lane, Colorado Springs, CO 80908				
Daytime Telephone:	Fax:			
719-482-6050				
Email or Alternative Contact Information:				
Drewmakings@yahoo.com				
AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) au	thorized to represent the p	roperty owner and/or applicants		
(attach additional sheets if necessary).				
Name (Individual or Organization):				
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 Develor owner or an authorized representative where the application is accommodified the person as the owner's agent	opment Application. An owner' companied by a completed Au	s signature may only be executed by the thority to Represent/Owner's Affidavit		
OWNER/APPLICANT AUTHORIZATION:	1 0 120 1 0 0 1	tel de compositation in tours. Frankral and		
To the best of my knowledge, the information on this application at complete. I am fully aware that any misrepresentation of any information familiarized myself with the rules, regulations and procedures	nation on this application may	be grounds for denial or revocation. I		
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 not being accepted or may extend the length of time needed to review the project. I hereby agree to abide by				
all conditions of any approvals granted 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				
are a right or obligation transferable by sale. I acknowledge that I a result of subdivision plat notes, deed restrictions, or restrictive or	understand the implications of venants. I agree that if a conf	use or development restrictions that are lict should result from the request I am		
submitting to El Paso County due to subdivision plat notes, deed re	strictions, or restrictive covena	ints, it will be my responsibility to resolve		
any conflict. I hereby give permission to El Paso County, and app	licable review agencies, to en	er on the above described property with		
or without notice for the purposes of reviewing this development ap maintain proper facilities and safe access for inspection of the pro	plication and enforcing the pro	visions of the LDC. I agree to at all times		
maintain proper facilities and sale access for inspection of the prop	perty by Li Faso County wille	this application is perfung.		
Owner (s) Signature:	Date	2/15/2023		
Owner (s) Signature: Owner (s) Signature: Fulle Makings Applicant (s) Signature: Trew Makings	Date	2/15/2023		
Applicant (s) Signature: Trew Makings	Date	2/15/2023		