

Planning and Community Development Department

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

Please correct parcel ID

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. | |
|--|--|--|
| □ Appeal □ Approval of Location □ Board of Adjustment □ Certification of Designation □ Const. Drawings, Minor or Major □ Development Agreement ▼ Final Plat, Minor or Major | Property Address(es): 10195 Kurie Rd & 7495 Eagle Wing Dr, Colorado Springs, CO | |
| | Tax ID/Parcel Numbers(s) 54229000034 | Parcel size(s) in Acres: 35.3 |
| ☐ Final Plat, Amendment ☐ Minor Subdivision ☐ Planned Unit Dev. Amendment, Major | Existing Land Use/Development: Unplatted w/ 2 SFR | Zoning District: RR-2.5 Select zoning district |
| ☐ Preliminary Plan, Major or Minor ☐ Rezoning ☐ Road Disclairner ☐ SIA, Modification ☐ Sketch Plan, Major or Minor ☐ Sketch Plan, Revision ☐ Solid Waste Disposal Site/Facility ☐ Special District Special Use ☐ Major ☐ Minor, Admin or Renewal | association with this application Administrative Relief request f ☐ Check this box if any Waivers with this application for develo Waiver request form. | orm. are being requested in association pment and attach a completed |
| □ Subdivision Exception Vacation □ Plat Vacation with ROW □ Vacation of ROW | PROPERTY OWNER INFORMATION: Incorporation organization (s) who own the proper Attach additional sheets if there are | rty proposed for development. |
| Variances ☐ Major ☐ Minor (2 nd Dwelling or Renewal) | Name (Individual or Organization): Casas Limited Partnership #4, | MyPad, Inc, General Partner |
| ☐ Tower, Renewal ☐ Vested Rights ☐ Waiver or Deviation | Mailing Address: 5390 N Academy Blvd #300, Colo Spgs, CO 80918 | |
| ☐ Waiver of Subdivision Regulations ☐ WSEO ☐ Other: | Daytime Telephone: 719.359.1470 | Fax: |
| This application form shall be accompanied by all required support materials. | Email or Alternative Contact Information: s2j1@me.com | |
| For PCD Office Use: | Description of the request: (sub | omit additional sheets if necessary): |

File: Date: Receipt #: Rec'd By: DSD File #:

Final Plat approval to develop 8 single family residential lots at a min size of 2.5 ac and 1 tract of 5.164 ac to be held for future development on 35.3 ac zoned RR-2.5. Roads to be gravel surfaced and privately owned and maintained by the HOA.



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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): | |
| MyPad, Inc., Stephen Jon Jacobs, Jr, President | |
| | |
| Mailing Address: | |
| POB 2076, Colorado Springs, CO 80901-2076 | |
| Daytime Telephone: | Fax: |
| 719.359.1470 | |
| | |
| Email or Alternative Contact Information: | |
| s2j1@me.com | |
| Augustian Department (a). Indicate the person(a) | outhorized to represent the property owner and/or applicants |
| (attach additional sheets if necessary). | authorized to represent the property owner and/or applicants |
| Name (Individual or Organization): | |
| Land Resource Associates, David Jones | |
| | |
| Mailing Address: | |
| 9736 Mountain Rd, Chipita Park, CO 80809 | |
| Daytime Telephone: | Fax: |
| 719 660 1184 | |
| Email or Alternative Contact Information: | |
| chipita1@comcast.net | |
| Chipita i @ Comcast.het | |
| owner or an authorized representative where the application is a naming the person as the owner's agent Owner/Applicant Authorization: | elopment Application. An owner's signature may only be executed by the ecompanied by a completed Authority to Represent/Owner's Affidavit |
| complete. I am fully aware that any misrepresentation of any info have familiarized myself with the rules, regulations and procedur that an incorrect submittal may delay review, and that any approapplication and may be revoked on any breach of representation required materials as part of this application and as appropriate to materials to allow a complete review and reasonable determinate may result in my application not being accepted or may extend the all conditions of any approvals granted by El Paso County. I und are a right or obligation transferable by sale. I acknowledge that a result of subdivision plat notes, deed restrictions, or restrictive submitting to El Paso County due to subdivision plat notes, deed any conflict. I hereby give permission to El Paso County, and any or without notice for the purposes of reviewing this development a maintain proper facilities and safe access for inspection of the properties. | and all additional or supplemental documentation is true, factual and armation on this application may be grounds for denial or revocation. I see with respect to preparing and filing this application. I also understand val of this application is based on the representations made in the or condition(s) of approval. I verify that I am submitting all of the other this project, and I acknowledge that failure to submit all of the necessary on of conformance with the County's rules, regulations and ordinances be length of time needed to review the project. I hereby agree to abide by erstand that such conditions shall apply to the subject property only and I understand the implications of use or development restrictions that are covenants. I agree that if a conflict should result from the request I am restrictions, or restrictive covenants, it will be my responsibility to resolve applicable review agencies, to enter on the above described property with application and enforcing the provisions of the LDC. I agree to at all times to property by El Paso County while this application is pending. **Jun 28, 2022** |
| Owner (s) Signature: | Date: |
| Owner (s) Signature: Stephen Jacobs, MyPad, Inc., Vid | Date: |
| Othior (5) digitation | |
| Applicant (s) Signature: | Date: |