

## 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 applic (Note: each request red separate application for	quires completion of a	PROPERTY INFORMATION: Protection the proposed development.	vide information to identify properties and Attached additional sheets if necessary.
☐ Appeal ☐ Approval of Location ☐ Board of Adjustment		Property Address(es):	
		13251 Vollmer Road	
<ul><li>☐ Certification of Designa</li><li>☐ Const. Drawings, Minor</li></ul>		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
☐ Development Agreemer ☑ Final Plat, Minor or Majo		5200000303	37.7
Final Plat, Amendment    Minor Subdivision   Planted Unit Dex Amendment, Major   Preliminary Plan, Major or Minor   Rezoning   Road Disclaimer   SIA, Modification   Sketch Plan, Major or Minor   Sketch Plan, Revision   Solid Waste Disposal Site/Facility   Special District   Special Use   Major   Minor, Admin or Renewal   Subdivision Exception   Vacation   Plat Vacation with ROW   Vacation of ROW		Existing Land Use/Developmer	nt: Zoning District:
		Single Family Residence	
		<ul> <li>□ Check this box if Administrative Relief is being requested in association with this application and attach a completed Administrative Relief request form.</li> <li>□ Check this box if any Waivers are being requested in association</li> </ul>	
		with this application for development and attach a completed Waiver request form.	
		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.	
Variances  ☐ Major		Name (Individual or Organization):	
☐ Minor (2 <sup>nd</sup> Dwelling or Renewal) ☐ Tower, Renewal ☐ Vested Rights ☐ Waiver or Deviation		Daniel S. Abeyta	
		Mailing Address:	
		13251 Vollmer Road	
☐ Waiver of Subdivision Regulations☐ WSEO		Daytime Telephone:	Fax:
		719-531-5000	719-531-5040
□ Other:		Email or Alternative Contact Information:	
This application form shall be accompanied by all required support materials.		dsa@aztecgc.com	
For PCD (	Office Use:	Description of the request:	_ (submit additional sheets if necessary):
Date:	File:		ion with 4 single family residential lots
Rec'd By:	Receipt #:	to be named Sedona Sun	Acres.
DSD File #:			



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<u>APPLICANT(s)</u>: Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

necessary)	
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) au (attach additional sheets if necessary).	thorized to represent the property owner and/or applicants
Name (Individual or Organization):  Brett Louk - SMH Consul	tants
Mailing Address: 411 S. Tejon St., Ste. I Colorado Spring	s, CO 80903
Daytime Telephone: 719-465-2145	Fax: 785-776-9760
Email or Alternative Contact Information: blouk@smhconsulta	nts.com
AUTHORIZATION FOR OWNER'S APPLICANT(s)/REPRESENTATIVE(s): An owner signature is not required to process a Type A or B Develo owner or an authorized representative where the application is accomaining the person as the owner's agent	pment Application. An owner's signature may only be executed by the ompanied by a completed Authority to Represent/Owner's Affidavit
application and may be revoked on any breach of representation or required materials as part of this application and as appropriate to the materials to allow a complete review and reasonable determination may result in my application not being accepted or may extend the leall conditions of any approvals granted by El Paso County. I unders are a right or obligation transferable by sale. I acknowledge that I use a result of subdivision plat notes, deed restrictions, or restrictive consubmitting to El Paso County due to subdivision plat notes, deed resany conflict. I hereby give permission to El Paso County, and application and may be revoked on any provide that I use a result of subdivision plat notes, deed restrictions, or restrictive consubmitting to El Paso County due to subdivision plat notes, deed resany conflict.	nation on this application may be grounds for denial or revocation. I with respect to preparing and filing this application. I also understand of this application is based on the representations made in the recondition(s) of approval. I verify that I am submitting all of the is project, and I acknowledge that failure to submit all of the necessary of conformance with the County's rules, regulations and ordinances eight of time needed to review the project. I hereby agree to abide by stand that such conditions shall apply to the subject property only and understand the implications of use or development restrictions that are evenants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve icable review agencies, to enter on the above described property with blication and enforcing the provisions of the LDC. I agree to at all times entry by El Paso County while this application is pending.
Owner (s) Signature:	Date:05/13/2020
Applicant (s) Signature:	Date: 05/13/2020