

## Planning and Community Development Department

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

## Type A and B Application Form (1-2a)

Please check the applicable application	<u>PROPERTY INFORMATION</u> : Provide information to identify properties and the proposed development. Attached additional sheets if necessary.
type (note that separate completed forms	Property Address(es):
are required for each request):   Administrative Determination	14420 Highway 83 Cls 80921
☐ Administrative Relief	Tax ID/Parcel Numbers(s) Parcel Size(s) in Acres:
☐ Billboard Credit	6203000007 9.82
☐ Code Interpretation	Existing Land Use/Development: Zoning District:
☐ Combination of Contiguous Parcels by Boundary Line Adjustment	Select zoning district
☐ Determination of Non-conforming Use	Legal Description (can be provided as an attachment):
☐ Merger by Contiguity	
□ Voluntary Merger	☐ Check this box if <b>Administrative Relief</b> is being requested in
☐ Zoning Compliance ☐ Other:	association with this application and attach a completed Administrative Relief request form.
This application form shall be	☐ Check this box if any <b>Waivers</b> are being requested in association
accompanied by all required support materials.	with this application for development and attach a completed Waiver request form.
NOTE: The following applications are processed without the use of this application form. Each of the following	PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attached additional sheets if there are multiple property owners.
requires use of a separate	
request-specific application form:  • BESQCP	Name (Individual or Organization):
Driveway Permit	reggy 3 11 The Daker
Home Occupation     Group Home, Adult Care, & Child     Care Permit	Peggy 3 Mike Baker  Mailing Address:  750 Allegheny Drive Colo Spr CO 80919
Care Permit  Residential Site Plan	Daytime Telephone: Fax:
Sign Permit	719 499 3564
Temporary Mobile Home     Temporary Use, Minor	Email or Alternative Contact Information:
Temporary Osc, Million	jeeps colorado e hotmail.com
	<u>Description of the request</u> : (attach additional sheets if necessary):
For Office Use:	e v. Alanda Alanda
Date: File:	Seeking Administrative Determination
	regarding the decision to maintain
Rec'd By: Receipt #:	2 separate residences on property.
DSD File #:	Decision has already been reached. Just need the paper stating decision.
	the paper stating decision.



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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): 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): Mailing Address: Fax: Daytime Telephone: **Email or Alternative Contact Information:** 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 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 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 covenants, it will be my responsibility to resolve any conflict. I hereby give permission to El Paso County, and 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 property by El Paso County while this application is pending. Date: Owner (s) Signature: Owner (s) Signature: Applicant (s) Signature: Date: