## To Whom It May Concern:

This letter is being sent to you because Tom and Crystal McAnally of 12125 Sand Place, Peyton, CO, and Len Kendall of the El Paso County Planning and Community Development Department are proposing a land use project in El Paso County at 12125 Sand Place. This information is being provided to you prior to a submittal with the County. Please direct any questions on the proposal to the below mentioned parties. Prior to any public hearing on this proposal a notification of the time and place of the public hearing will be sent to the adjacent property owners by the El Paso County Planning Department. At that time you will be given the El Paso County contact information, the file number and an opportunity to respond either for, against or expressing no opinion in writing or in person at the public hearing for this proposal.

For questions specific to this project, please contact:

Tom or Crystal McAnally

Len Kendall

12125 Sand Place

El Paso County Planning and Community Dev. Dept.

Peyton, CO 80831

2880 International Circle, Suite 110

(719) 683-9572

Colorado Springs, CO 80910

(719) 520-6447

What we are proposing to do is apply and receive an Administrative Special Use, Extended Family Dwelling, to retain the mobile home and accompanying shed on our property located at 12125 Sand Place, Lot 10, Blk 1, Snyder Subdivision; Zoned RR-5, Sec 33, TS13, R64. The property is 5.03 acres in size. A variance was granted in the past, which has now expired. The mobile home is where Crystal's mother resides at this time. Nothing is changing that doesn't already exist.

The location of the trailer is on the east side of the property, approximately 20 feet from the edge of our back yard and approximately 200 feet from the east edge of our property. The utility lines, water lines, sewer lines and driveway are currently in place. An address has already been assigned for this mobile home and a mailbox is already in place. The other structure located at this address is a small shed, placed south of the mobile home. The current zoning of the property is RR-5, rural-residential district. The property currently has one modular home, three storage sheds and an oversized 3-car garage.

Attached you will find a copy of the vicinity map showing adjacent properties. If you have any questions or comments, please contact the above listed property owners or the liaison from the county development services.

Sincerely,

Thomas and Crystal McAnally

12125 Sand Place

Peyton, CO 80831

(719) 683-9572

Atch: a/s

## El Paso County Assessor's Office

12125 SAND PL

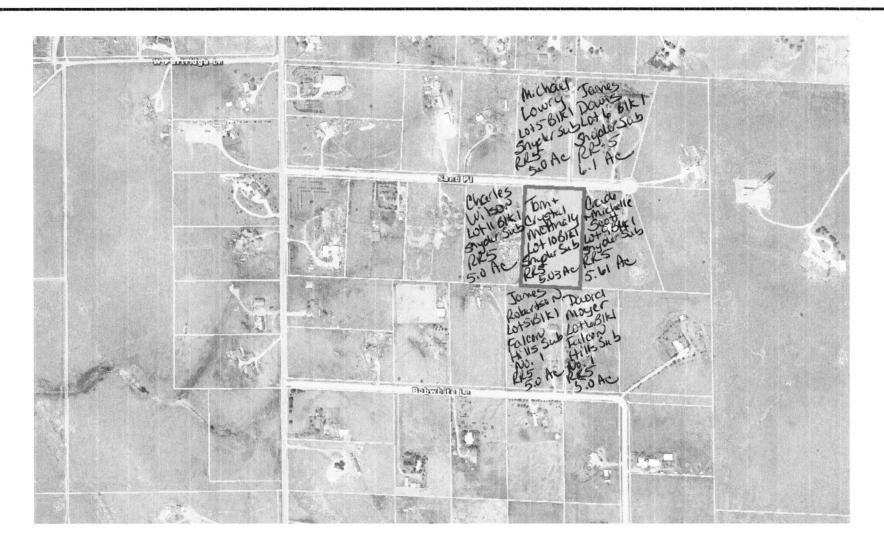
SCHEDULE: 4330001012

OWNER: MCANALLY THOMAS

MCANALLY CRYSTAL

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## **Notification of Adjacent Property Owners**

| Name and Address of Petitioner(s): Castal + Thomas McAhally                                     | 1 |
|---|---|
| 12125 Sena PI RUJON" 10 80831   |   |
|   |   |
| Telephone #'s: (715) 432-LeO LS  Description of Proposal: To CONTINUE to KUP Mother's residence |   |
| Description of Proposal: To continue to keep mother's residence                                 |   |
| in place after expiration) of variance.   |   |
|   |   |
|   |   |

A list of adjacent property owners may be acquired from the County Assessor's office. If adjacent property owners cannot be reached in person, the applicant must send an Adjacent Property Owner Notification letter by certified mail and provide, as part of the submittal, a copy of the letter sent and a copy of each receipt.

The undersigned, being an adjacent property owner, has read the above notification. I understand I may appear in person at the advertised public hearing to further express my comments.

| Date   | Owner<br>(Yes or No) | Name (Signature) and Address                     | Comments          |
|--------|----------------------|--|-------------------|
| VIOL18 | yes                  | Manuel Morny<br>Milho Sand Pl. Peyton, CO. 80831 | north of property |
|        |                      |  |                   |
|        | *                    |  |                   |
|        |                      |  |                   |
|        |                      |  |                   |
|        |                      |  |                   |
|        |                      |  |                   |
|        |                      |  |                   |

(For additional space, attach a separate sheet of paper)

Above are the signatures of the adjacent property owners who own the property described after their names or who are located as indicated (e.g. north of the subject property). I hereby acknowledge that the information provided within this notification is correct.

(Signature of Petitioner or Owner)

(Signature of Petitioner or Owner)

|   |  |  | PLACE STICKER AT TOP OF ENVELOPE TO THE COMP   |
|---|--|--|--|
| ENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
| Complete items 1, 2, and 3.  Print your name and address on the reverse             | A. Signature   | Complete items 1, 2, and 3.  | A. Signature   |
| so that we can return the card to you.  | Addressee □ Addressee  | Print your name and address on the reverse<br>so that we can return the card to you. | Addres  Received by (Printed Name)  C. Date of Deliv   |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery 7-23.18  | Attach this card to the back of the mailpiece,<br>or on the front if space permits.  | Tames A Day 7-24   |
| Article Addressed to:   | D. Is delivery address different from Item 1? ☐ Yes If YES, enter delivery address below: ☐ No   | Article Addressed to:  | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No   |
| David A Moyer   | in 125, sinci delivery address below.  | Lanes A Davis  |  |
| 12140 Bobwhite Lane   |  | Jains Sond H   |  |
| Reyton, CO 80831  |  | Peyton, CO 80631   |  |
|   | 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™  |  | 3. Service Type  |
| 9590 9402 3821 8032 5139 43   | ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery   | 9590 9402 3821 8032 5139 67  | ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery                                     |
| . Article Number (Transfer from service label)                                      | ☐ Collect on Delivery ☐ Signature Confirmation | Article Number (Transfer from service label)   | ☐ Collect on Delivery ☐ Signature Confirmati☐ Signature Confirmati☐ Signature Confirmati☐ Signature Confirmati☐ Signature Confirmati☐ Signature Confirmati |
| 7018 0680 0000 9376 0292  | ured Mail Restricted Delivery<br>er \$500)   | 7018 0680 0000 9376 0278   | isured Mail Restricted Delivery<br>iver \$500)   |
| S Form 3811, July 2015 PSN 7530-02-000-9053   | Domestic Return Receipt  | PS Form 3811, July 2015 PSN 7530-02-000-9053   | Domestic Return Rec  |
|   | 1  | 100  | ·  |
| ENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
| Complete items 1, 2, and 3.   | A. Signature   | ■ Complete items 1, 2, and 3.  | A. Signature   |
| Print your name and address on the reverse so that we can return the card to you.   | X Will US Agent  | Print your name and address on the reverse<br>so that we can return the card to you. | X Laun M. Welsay Addre   |
| Attach this card to the back of the mailpiece, or on the front if space permits.    | B. Received by (Printed Name)  C. Date of Delivery   | Attach this card to the back of the mailpiece,                                       | B. Received by (Printed Name) C. Date of Dell LAURA M WILSON 7/21/15   |
| Article Addressed to:   | D. Is delivery address different from item 1? ☐ Yes  | or on the front if space permits.  1. Article Addressed to:                          | D. Is delivery address different from item 1? Yes  |
| Grade & Michelle Scott  | If YES, enter delivery address below: ☐ No   | Abode 1 Wilea )  | If YES, enter delivery address below: No   |
| 12175 5000  | 240  | Charles of Wilson<br>12055 Sand Pl   |  |
| Peyton, W 80831   |  |  |  |
| region, as as   |  | Peyton, (0 80831   |  |
|   | 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™  |  | 3. Service Type ☐ Priority Mail Expres ☐ Adult Signature ☐ Registered Mail™  |
| 9590 9402 3821 8032 5139 50   | ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery  |  | ☐ Adult Signature Restricted Delivery ☐ Registered Mail Report Delivery  |
| Article Number (Transfer from service label)  | ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™  | 9590 9402 3821 8032 5139 74  | Certified Mail Restricted Delivery  Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirma   |
| 018 0680 0000 9376 0285   | Insured Mail  Insured Mail Restricted Delivery  Signature Confirmation Restricted Delivery   | 2. Article Number (Transfer from service label) 7018 0680 0000 9376 0261             | ☐ Insured Mail ☐ Signature Confirma Restricted Delivery  |
| Form 3811, July 2015 PSN 7530-02-000-9053   | (over \$500)  Domestic Return Receipt  | PS Form 3811, July 2015 PSN 7530-02-000-9053   | er \$500)  Domestic Return Rec   |
|   | Someone Hotelin Hotelpt  | 1 5 1 5 m 1 5 5 1 1, stay 2 5 1 5 1 5 1 7 1 1 1 5 5 5 5 5 5 5 5 5 5                  | 2.500  |
|   |  |  |  |

| ***   | A CONTRACTOR OF THE PROPERTY O |  |  |
|---|--|--|--|
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |  |  |
| <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>James Robertson</li> <li>Churchwood Circle</li> <li>Colorudo Spring, W 80918</li> </ul> | A. Signature  X Agent Addresses  B. Received by (Printed Name)  C. Date of Delivery  7, LOBERTSON  D. Is delivery address different from Item 1? Yes  If YES, enter delivery address below:  |  |  |
| 9590 9402 3821 8032 5139 81  2. Article Number (Transfer from service label)  1018 068 0000 937 60254   | 3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Insured Mail Insured Mail Setricted Delivery (over \$500)  | □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricte Delivery Return Receipt for Merchandise □ Signature Confirmation Restricted Delivery |  |

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