

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		Berner Brown Brown by	-6		
(Note: each request requires completion of a			nformation to identify properties and		
separate application form): the proposed development. Attached additional sheets if necessary.					
	Property Address(es):				
□ Appeal					
☐ Approval of Location		11745 OWL PLACE & 11685 OWL PLACE			
□ Board of Adjustment					
☐ Certification of Designat		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:		
□ Const. Drawings, Minor	-	5301001015 &			
□ Development Agreemer		1	9.61 Acres		
X Final Plat, Minor or Majo	or	5301001014	3.01710103		
☐ Final Plat, Amendment		Existing Land Use/Development:	Zoning District:		
☐ Minor Subdivision			3		
☐ Planned Unit Dev. Ame	ndment,	Residential Lot	CR		
Major	Min-on	Tresidential Est			
☐ Preliminary Plan, Major	or winor				
☐ Rezoning			Con Bull Fin halfa a summarked in		
☐ Road Disclaimer		☐ Check this box if Administrative Relief is being requested in			
☐ SIA, Modification	linar		association with this application and attach a completed		
☐ Sketch Plan, Major or Minor		Administrative Relief request form.			
☐ Sketch Plan, Revision	ito/Eggility	Check this box if any Waivers	s are being requested in association		
☐ Solid Waste Disposal Site/Facility		with this application for development and attach a completed			
☐ Special District		Waiver request form.			
Special Use ☐ Major					
⊔ мајог □ Minor, Admin or Renewal					
☐ Subdivision Exception		PROPERTY OWNER INFORMATION: Indicate the person(s) or			
Vacation		organization(s) who own the property proposed for development.			
☐ Plat Vacation with ROW		Attach additional sheets if there ar	e multiple property owners.		
□ Vacation of ROW					
Variances		Name (Individual or Organization):			
□ Major					
☐ Minor (2 nd Dwelling	g or	MERIDIAN & OWL X, LL	-C		
Renewal)		Mailing Address			
☐ Tower, Renewal		Mailing Address:			
☐ Vested Rights		PO BOX 220, SCOTTSDALE A	AZ, 85252		
☐ Waiver or Deviation					
☐ Waiver of Subdivision R	Regulations	Daytime Telephone:	Fax:		
□ WSEO					
□ Othor:					
Other:		Email or Alternative Contact Informa	ation:		
This application form shall be accompanied by					
all required support mat	teriais.				
F 000	Off III	Description of the name of	hmit additional abouts if necessary)		
For PCD (Office Use:	Description of the request: (Su	bmit additional sheets if necessary):		
Date:	File:	VACATE AND DEDUCE			
		VACATE AND REPLAT			
		. I			
Rec'd By:	Receipt #:				
DSD File #:					
DOD I IIC #.					
)			



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☐ Certification of Designat	tion				
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☐ Development Agreemer		5301001015 &			
		5301001014	9.61 Acres		
☐ Final Plat, Amendment	-				
☐ Minor Subdivision		Existing Land Use/Development:	Zoning District:		
☐ Planned Unit Dev. Ame	endment,	I Born date	OD		
Major		Residential Lot	CR		
□ Preliminary Plan, Major	or Minor				
☐ Rezoning					
☐ Road Disclaimer		☐ Check this box if Administrative Relief is being requested in			
□ SIA, Modification		association with this applicati	association with this application and attach a completed		
☐ Sketch Plan, Major or M	Minor	Administrative Relief request form.			
☐ Sketch Plan, Revision		•	s are being requested in association		
☐ Solid Waste Disposal S	ite/Facility	with this application for development and attach a completed			
☐ Special District		Waiver request form.	opiniciti and attaon a completed		
Special Use		Walver request form.			
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Variances		Name (Individual or Organization):			
□ Major					
☐ Minor (2 nd Dwelling	g or	MIKE D TEXER			
Renewal)		Mailing Address:			
☐ Tower, Renewal		6785 HORSESHOE ROAD, COLORADO SPGS, CO 80923			
☐ Vested Rights☐ Waiver or Deviation		6765 HORSESHOE ROAD, C	OLORADO 3PG3, CO 60923		
☐ Waiver of Subdivision R	Pogulations		Te		
☐ WSEO	Regulations	Daytime Telephone:	Fax:		
□ WSEO					
□ Other:					
-		Email or Alternative Contact Information:			
This application form sh	nall be accompanied by				
all required support ma					
	-				
For PCD	Office Use:	Description of the request: (su	bmit additional sheets if necessary):		
Date:	File:	VACATE AND REPLAT			
Rec'd By:	Receipt #:	7			
•					
DOD 511+ #-		1			
DSD File #:					



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necessary) Indicate person(s) submitting the application	n if different than the property owner(s) (attach additional sheets
Name (Individual or Organization):	
BH RE INVESTME	NTS LLC
Mailing Address:	
4148 N Arcadia Dr. Phoenix, AZ 85018	3
Daytime Telephone: (490) 242 2704	Fax:
(480) 313-2724	T an.
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).	addition zed to represent the property owner and/or applicants
Name (Individual or Organization):	
Tim D. McConnell / Drexel, Barrell & Co.	
Mailing Address:	
3 S 7th Street, Colorado Springs, CO 80905	
Daytime Telephone:	Fax: (710) 200 2252
O: (719)-260-0887 C: (719)-491-5170	(719)-260-8352
Email or Alternative Contact Information: Tmcconnell@drexelbarrell.com	
THICCOMMENCEDATION.COM	
AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):	elopment Application. An owner's signature may only be executed by the
owner or an authorized representative where the application is a	accompanied by a completed Authority to Represent/Owner's Affidavit
naming the person as the owner's agent	
OWNER/APPLICANT AUTHORIZATION:	and all additional or supplemental degumentation is true factual and
	and all additional or supplemental documentation is true, factual and ormation on this application may be grounds for denial or revocation.
the state of the s	es with respect to preparing and filing this application. I also understand
that an incorrect submittal may delay review, and that any appro	or condition(s) of approval verify that am submitting all of the
	This fifther and according that faither to applie by the fice of the fifther than the fifth
materials to allow a complete review and reasonable determinate	a longth of time needed to review the project. I hereby agree to abide by
may result in my application not being accepted or may extend the	e length of time headed to review the project
are a right or obligation transferable by sale. acknowledge that	I understand the implications of use or development restrictions that are
a result of subdivision plat notes, deed restrictions, or restrictive	coveriation covenants it will be my responsibility to resolve
submitting to El Paso County due to subdivision plat notes, deed	pplicable review agencies, to enter on the above described property with application and enforcing the provisions of the LDC. agree to at all times
or without notice for the purposes of reviewing this development a	application and enforcing the provisions of the LDC. agree to at all times reports by El Paso County while this application is pending.
or without notice for the purposes of reviewing this development a maintain proper facilities and safe access for inspection of the properties of the proper	Carl 23
Owner (s) Signature: Lymno & thy	Date: X7/1727
// 9 11	Date: 8-11-23
Owner (s) Signature:	8 11 23
Applicant (s) Signature: Bhade	Date: 0.11.20
ALL III (b) b 3	



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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): BH RE INVESTMEN	ITS, LLC
Mailing Address: 450 N MCCLINTOCK DRIVE. CH	ANDLER, AZ 85226
Daytime Telephone: (480) 313-2724	Fax:
<u> </u>	
Email or Alternative Contact Information:	
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) au	thorized to represent the property owner and/or applicants
(attach additional sheets if necessary). Name (Individual or Organization):	
Tim D. McConnell / Drexel, Barrell & Co.	
Mailing Address:	
3 S 7th Street, Colorado Springs, CO 80905	
Daytime Telephone:	Fax: (719)-260-8352
O: (719)-260-0887	(113) 200 0002
Tmcconnell@drexelbarrell.com	
Authorization for Owner's Applicant(s)/Representative(s): An owner signature is not required to process a Type A or B Development or an authorized representative where the application is accomming the person as the owner's agent	opment Application. An owner's signature may only be executed by the companied by a completed Authority to Represent/Owner's Affidavit
complete. I am fully aware that any misrepresentation of any informave familiarized myself with the rules, regulations and procedures that an incorrect submittal may delay review, and that any approva 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 fall conditions of any approvals granted by El Paso County. I under are a right or obligation transferable by sale. I acknowledge that I a result of subdivision plat notes, deed restrictions, or restrictive or submitting to El Paso County due to subdivision plat notes, deed reany conflict. I hereby give permission to El Paso County, and appor without notice for the purposes of reviewing this development apmaintain proper facilities and safe access for inspection of the pro-	or condition(s) of approval. I verify that I am submitting all of the his project, and I acknowledge that failure to submit all of the necessary of conformance with the County's rules, regulations and ordinances length 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 ovenants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve olicable review agencies, to enter on the above described property with plication and enforcing the provisions of the LDC. I agree to at all times perty by El Paso County while this application is pending.
Owner (s) Signature: Mike Texer (Jan 10, 2024 13:04 MST)	Date: 10/01/2024
Owner (s) Signature:	
Applicant (s) Signature	Date:

ApplicationPetition Form[41]

Final Audit Report 2024-01-10

Created: 2024-01-10

By: Firstcup Company (adobe@firstcupaz.com)

Status: Signed

Transaction ID: CBJCHBCAABAAwK6QS33E97nAxzu0ekMa5bsCEGU5s18p

"ApplicationPetition Form[41]" History

Document created by Firstcup Company (adobe@firstcupaz.com) 2024-01-10 - 5:12:42 PM GMT

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Email viewed by Mike Texer (mike.texer@gmail.com) 2024-01-10 - 8:00:10 PM GMT

Document e-signed by Mike Texer (mike.texer@gmail.com)
Signature Date: 2024-01-10 - 8:04:48 PM GMT - Time Source: server

Agreement completed. 2024-01-10 - 8:04:48 PM GMT